

Date - 23/03/24

name - Mr. Rahul Mafundar

Age - 39 yrs 4 months

Gender - male

Height - 175 cms

; BP - 120/80

Weight - 94.2 kgs

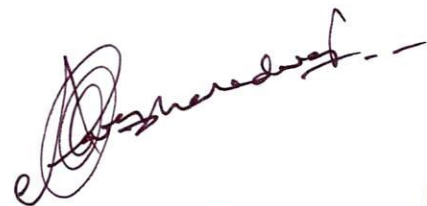
; PR - 71 bpm

Past Ailments - None Co-morbidities

Past Sx H/O Rt Renal Colic  
and operated on 2009  
- 2009

Present history - B/L Renal Colic  
Dx on 2021.

Medical Status - He is Indeed Fit  
& Stable.



Dr. Pavan Bhardwaj  
Dmc - 97802



BOOK APPOINTMENT



# IPSC PAIN AND SPINE HOSPITAL

PLOT-453 NEAR SBI BANK SECTOR-19

DWARAKA NEW DELHI-110075, PH: 9555437357

MR RAHUL MAZUMDAR

ID : 67194

DATE : 23-03-2024

AGE/SEX : 39 / M

HT/WT : 0 / 0

REF. BY :

## TREADMILL TEST REPORT

PROTOCOL : Bruce

HISTORY : Checkup/Physical fitness,

INDICATION :

MEDICATION :

PHASE	TOTAL TIME	STAGE TIME	SPEED Km/Hr	GRADE %	H.R. bpm	B.P. mmHg	RPP X100	ST LEVEL (MM)			METS
								II	V1	V5	
SUPINE					78	120 / 80	93	1.3	-0.5	1.9	
STANDING		0:13			79	120 / 80	94	1.5	-0.7	1.9	
HYPERVENT					78	120 / 80	93	1.4	-0.6	2	
Stage 1	2:55	2:55	2.7	10	126	130 / 80	163	1.3	-0.8	2.5	4.67
Stage 2	5:55	2:55	4	12	159	140 / 80	222	0.7	0.1	2.2	7.04
Stage 3	6:30	0:30	5.4	14	173	150 / 90	259	0.2	0	2.1	7.58
PK-EXERCISE	6:38	0:38	5.4	14	174	150 / 90	261	0.2	-0.2	2	
RECOVERY	7:48	0:55			130	140 / 80	182	3	-1.1	4.1	
RECOVERY	8:48	1:55			113	130 / 80	146	1.9	-0.6	2.8	
RECOVERY	9:48	2:55			107	120 / 80	128	1.1	-0.2	1.6	

### RESULTS

EXERCISE DURATION : 6:38

MAX HEART RATE : 174 bpm

MAX BLOOD PRESSURE : 150 / 90 mm Hg

REASON OF TERMINATION : Achieved THR,

BP RESPONSE : Normal,

ARRHYTHMIA : None,

H.R. RESPONSE : Normal Chronotropic Response,

### IMPRESSIONS

Negative for Provocable myocardial ischemia,

MAX WORK LOAD : 7.71 METS

**Dr. ANIL SAHOO**  
MD, PGDCC  
Regn. No. 33201

Technician :



# IPSC PAIN AND SPINE HOSPITAL

MR RAHUL MAZUMDAR  
I. D. 67194  
Age 39/M  
Date 23-03-2024

RATE 78bpm  
B.P. 120/80

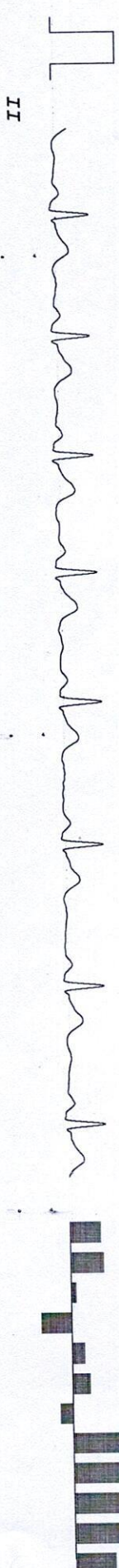
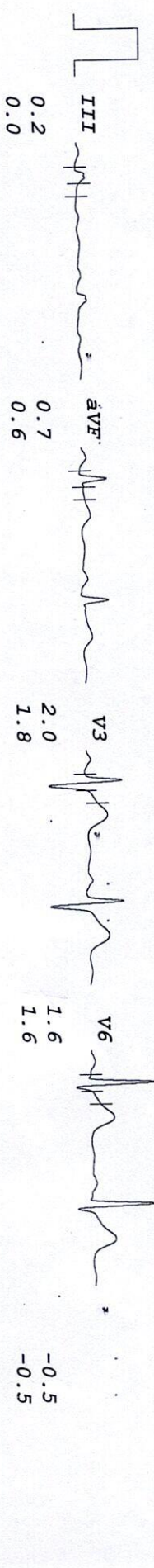
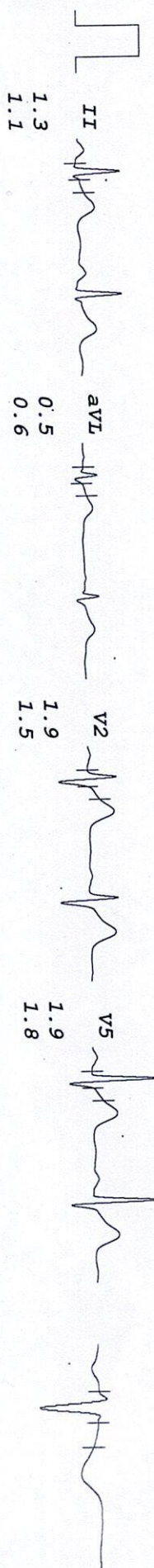
PRETEST  
SUPINE

ST @ 10mm/mV  
80ms PostJ

LINKED MEDIAN

Mag. X 2

V1





# IPSC PAIN AND SPINE HOSPITAL

MR RAHUL MAZUMDAR  
 I.D. 67194  
 Age 39/M  
 Date 23-03-2024

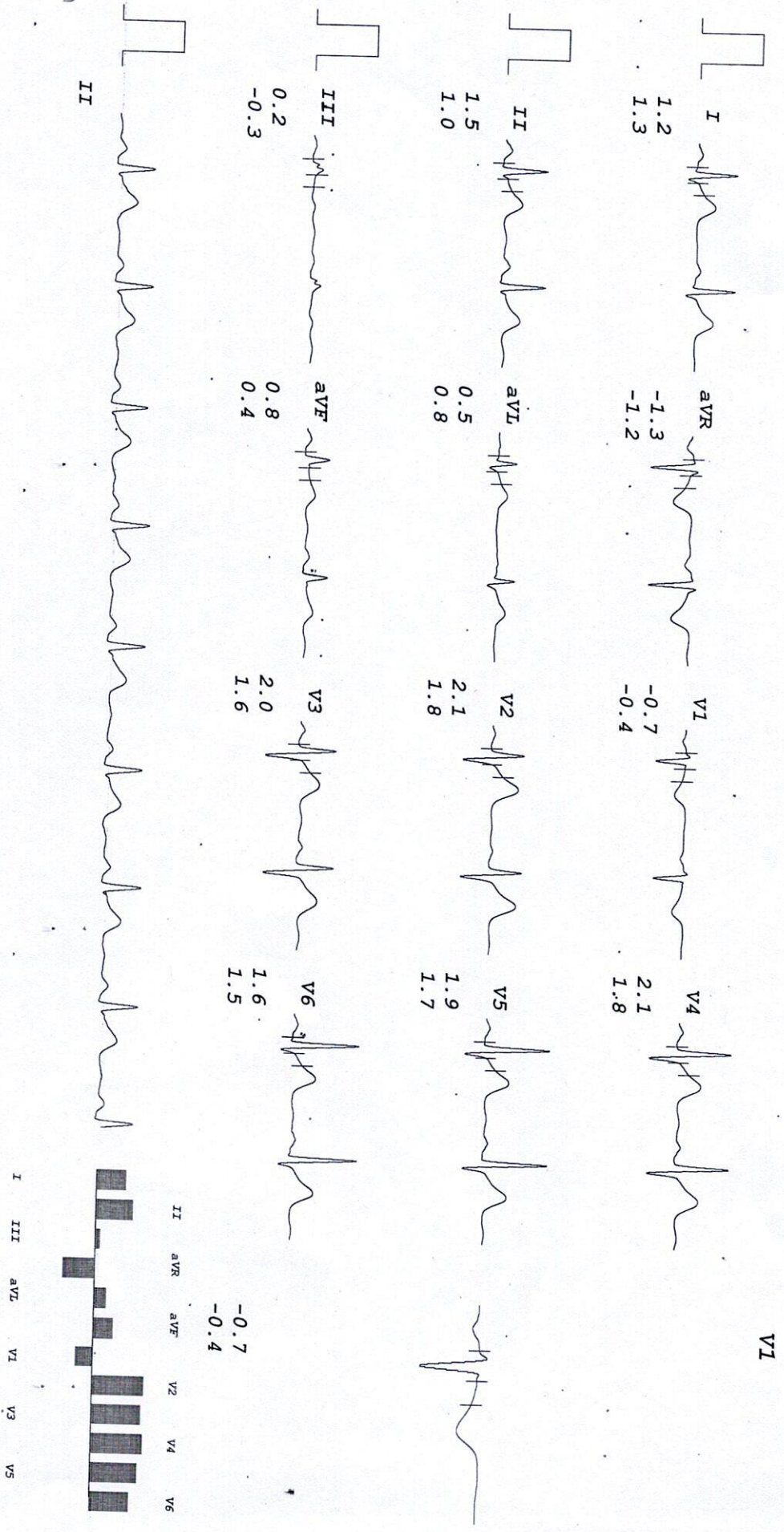
RATE 79bpm  
 B.P. 120/80

PRETEST  
 STANDING

ST @ 10mm/mV  
 80ms PostJ

LINKED MEDIAN

Mag. X 2





# IPSC PAIN AND SPINE HOSPITAL

MR RAHUL MAZUMDAR  
 I.D. 67194  
 Age 39/M  
 Date 23-03-2024

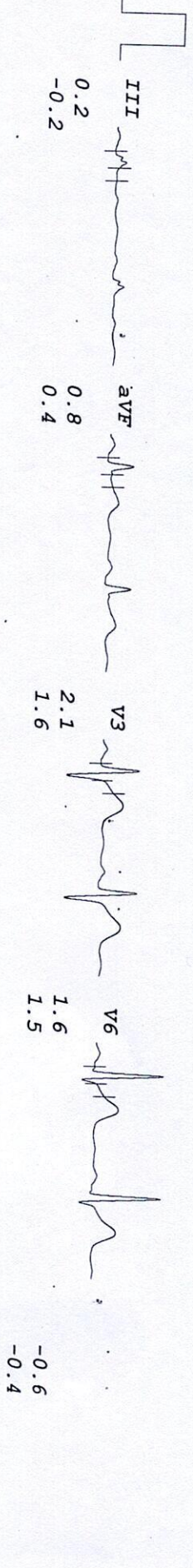
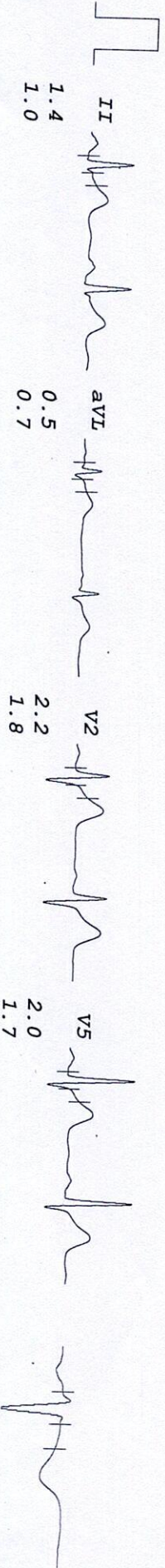
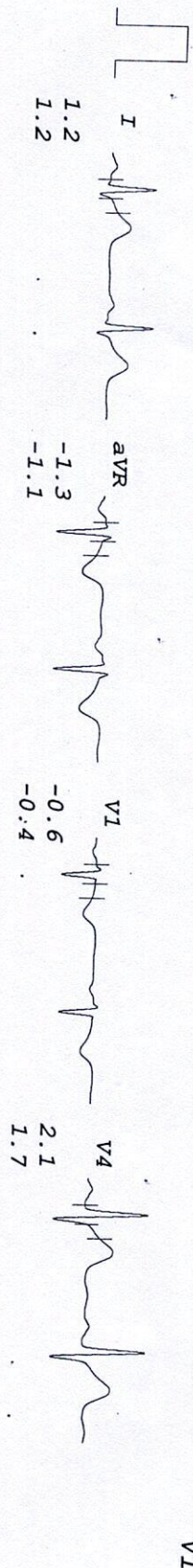
RATE 78bpm  
 B.P. 120/80

PRETEST  
 HYPERVENT  
 PHASE TIME 0:13

ST @ 10mm/mV  
 80ms PostJ

LINKED MEDIAN

Mag. X 2





# IPSC PAIN AND SPINE HOSPITAL

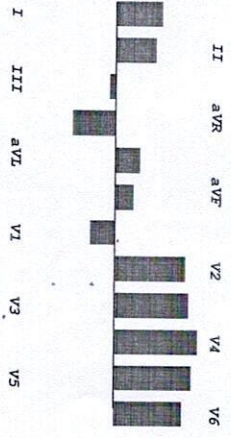
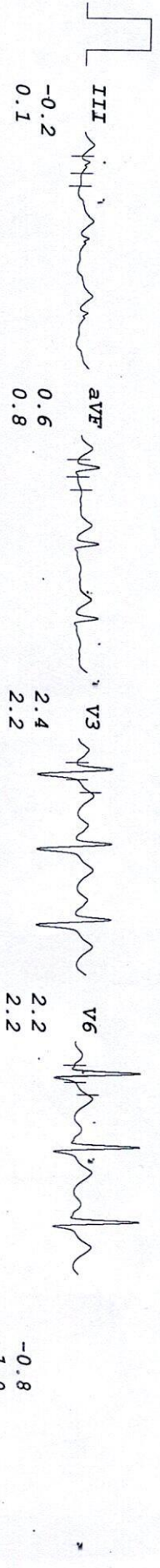
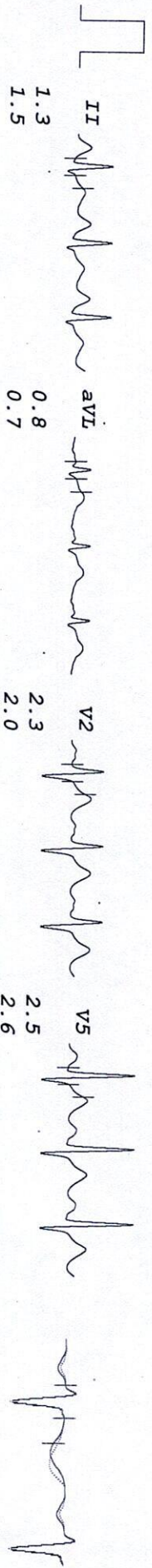
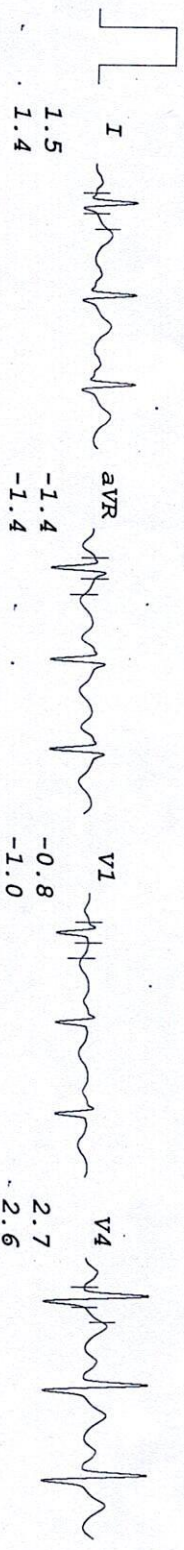
MR RAHUL MAZUMDAR  
 I.D. 67194  
 Age 39/M  
 Date 23-03-2024

BRUCE  
 Stage 1  
 RATE 126bpm  
 B.P. 130/80  
 TOTAL TIME 2:55  
 PHASE TIME 2:55

ST @ 10mm/mv  
 80ms PostJ  
 Speed 2.7 km/hr  
 SLOPE 10 %

LINKED MEDIAN

Mag. X 2





# IPSC PAIN AND SPINE HOSPITAL

MR RAHUL MAZUMDAR  
 I.D. 67194  
 Age 39/M  
 Date 23-03-2024

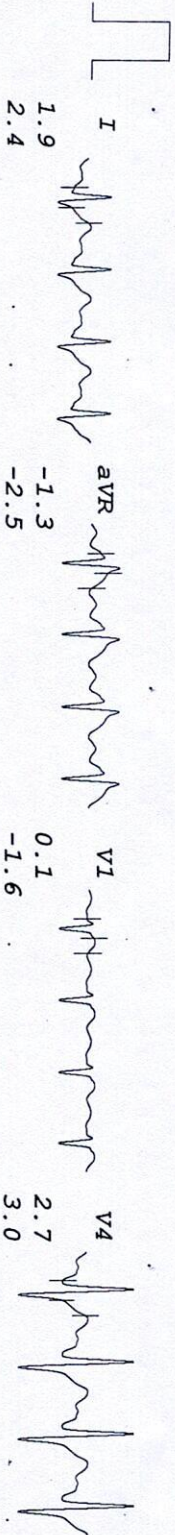
RATE 159bpm  
 B.P. 140/80

Bruce  
 Stage 2  
 TOTAL TIME 5:55  
 PHASE TIME 2:55

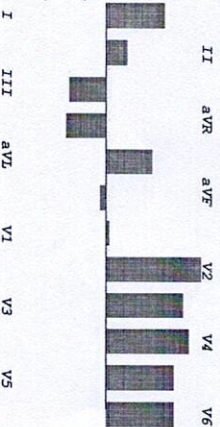
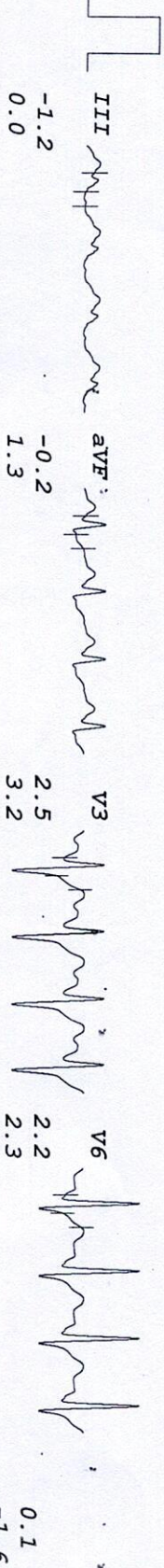
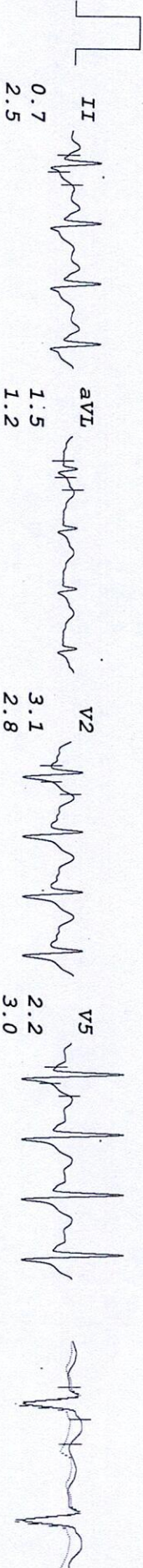
ST @ 10mm/mV  
 80ms PostJ  
 Speed 4 km/hr  
 SLOPE 12 %

LINKED MEDIAN

Mag. X 2



V1





# IPSC PAIN AND SPINE HOSPITAL

MR RAHUL MAZUMDAR  
 I.D. 67194  
 Age 39/M  
 Date 23-03-2024

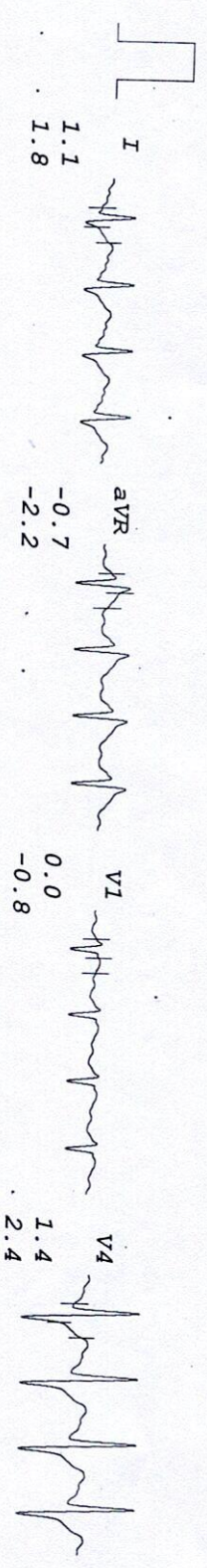
RATE 173bpm  
 B.P. 150/90

Brice  
 Stage 3  
 TOTAL TIME 6:30  
 PHASE TIME 0:30

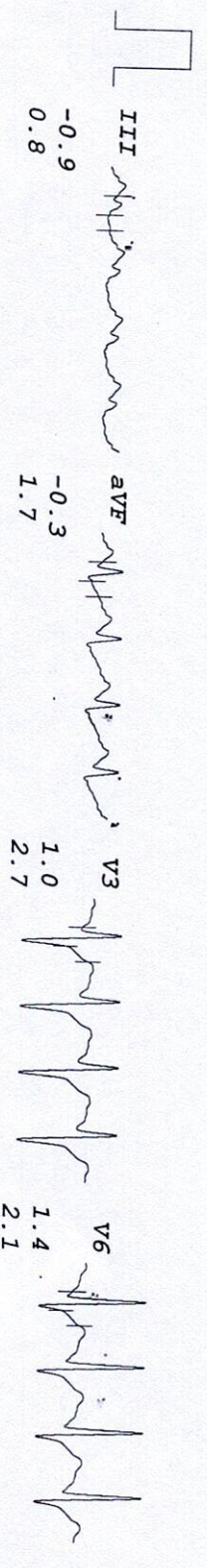
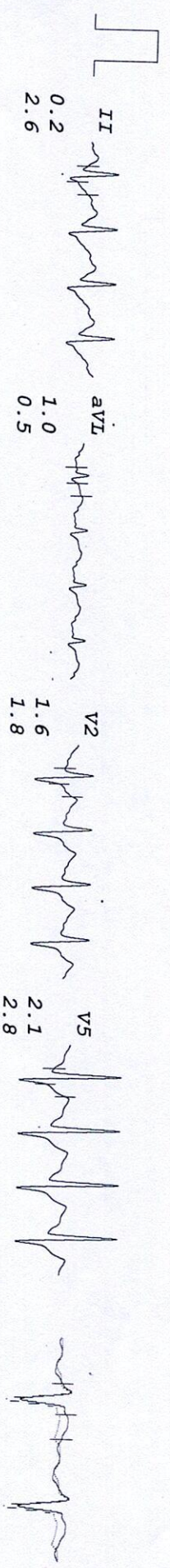
ST @ 10mm/mV  
 80ms PostJ  
 Speed 5.4 km/hr  
 SLOPE 14 %

LINKED MEDIAN

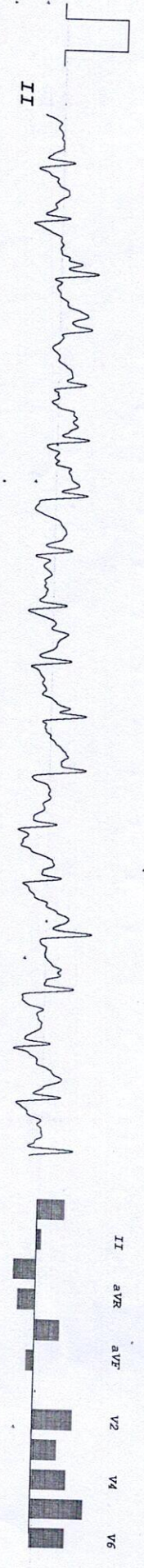
Mag. X 2



V1



0.0  
 -0.8



I III aVL V1 V3 V5



# IPSC PAIN AND SPINE HOSPITAL

MR RAHUL MAZUMDAR  
 I.D. 67194  
 Age 39/M  
 Date 23-03-2024

RATE 174bpm  
 B.P. 150/90

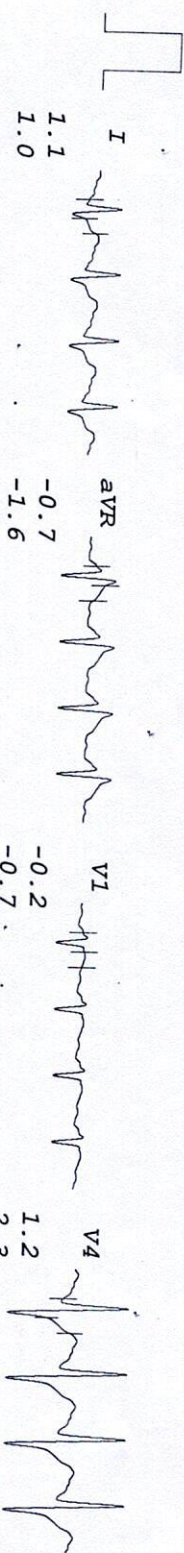
Bruce  
 PK-EXERCISE  
 TOTAL TIME 6:38  
 PHASE TIME 0:38

ST @ 10mm/mV  
 80ms PostJ  
 Speed 5.4 km/hr  
 SLOPE 14 %

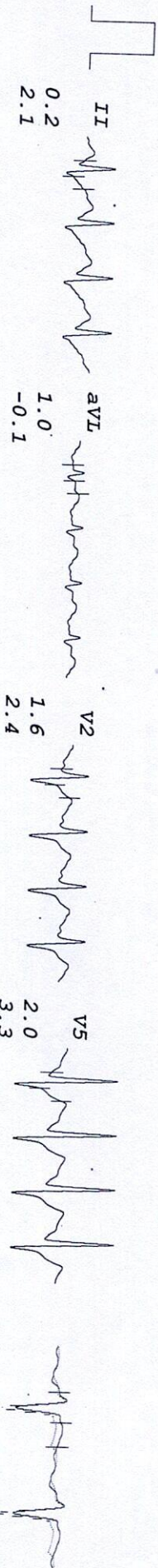
LINKED MEDIAN

Mag. X 2

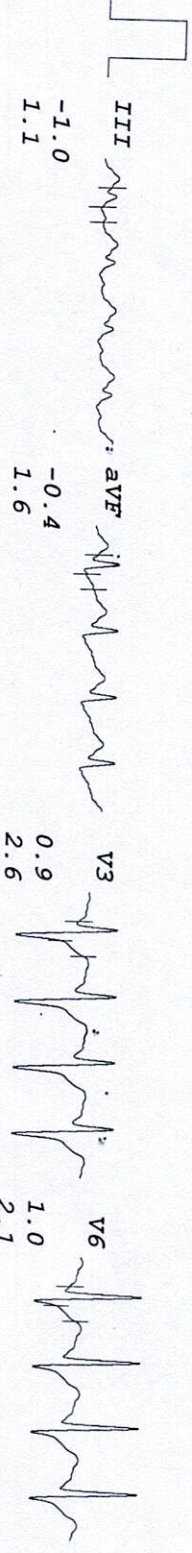
V1



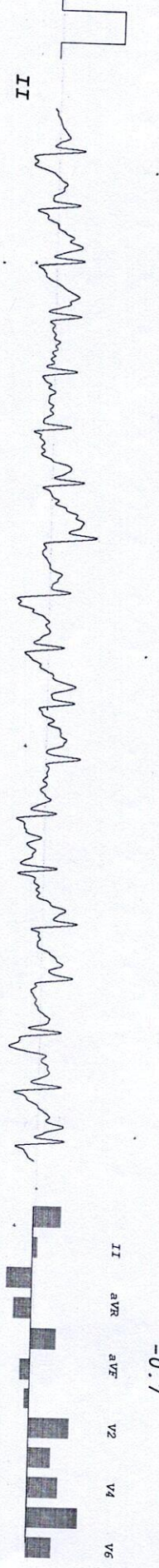
V4  
 1.2  
 2.3



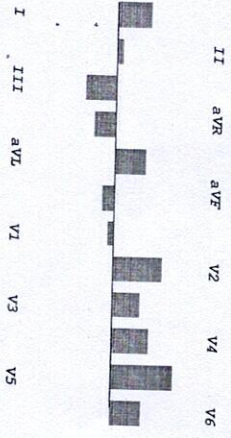
V5  
 2.0  
 3.3



V6  
 1.0  
 2.1



-0.2  
 -0.7



III  
 -1.0  
 1.1

AVF  
 -0.4  
 1.6

V3  
 0.9  
 2.6

V6  
 1.0  
 2.1



-0.2  
 -0.7



# IPSC PAIN AND SPINE HOSPITAL

MR RAHUL MAZUMDAR  
 I.D. 67194  
 Age 39/M  
 Date 23-03-2024

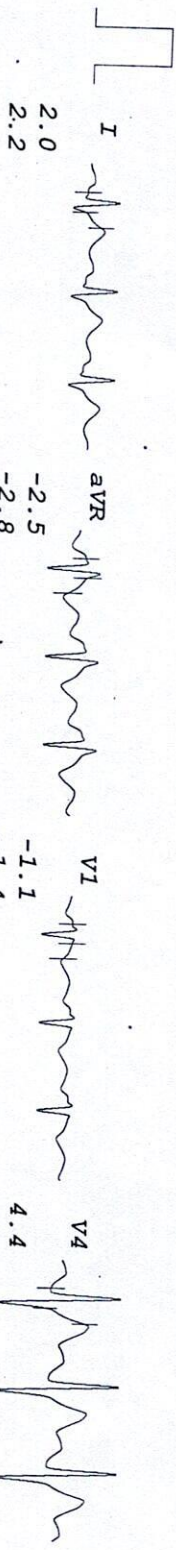
RATE 130bpm  
 B.P. 140/80

Bruce  
 RECOVERY  
 TOTAL TIME 7:48  
 PHASE TIME 0:55

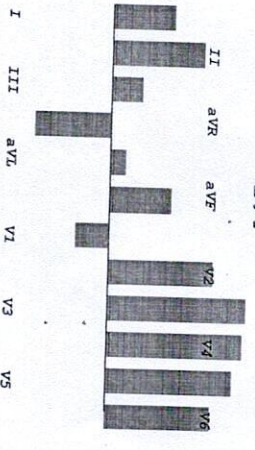
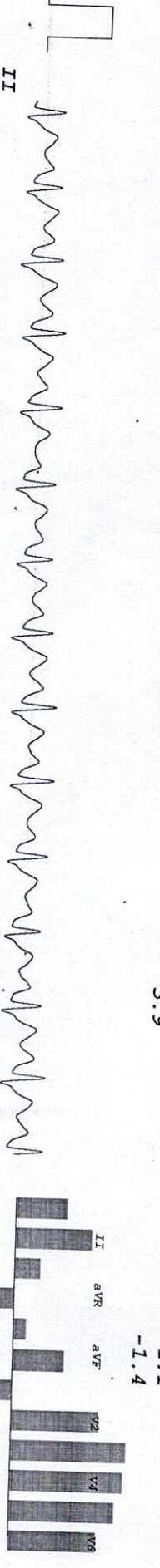
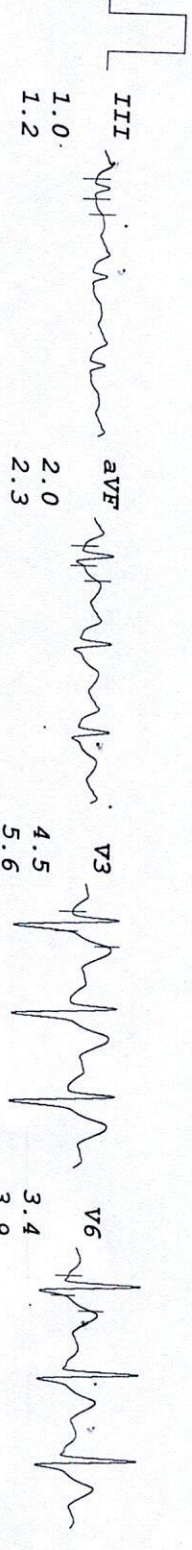
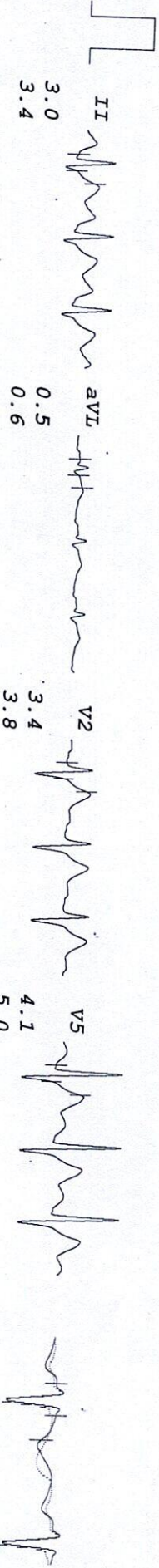
ST @ 10mm/mV  
 80ms PostJ

LINKED MEDIAN

Mag. X 2



V1





MR RAHUL MAZUMDAR

I.D. 67194

Age 39/M

Date 23-03-2024

# IPSC PAIN AND SPINE HOSPITAL

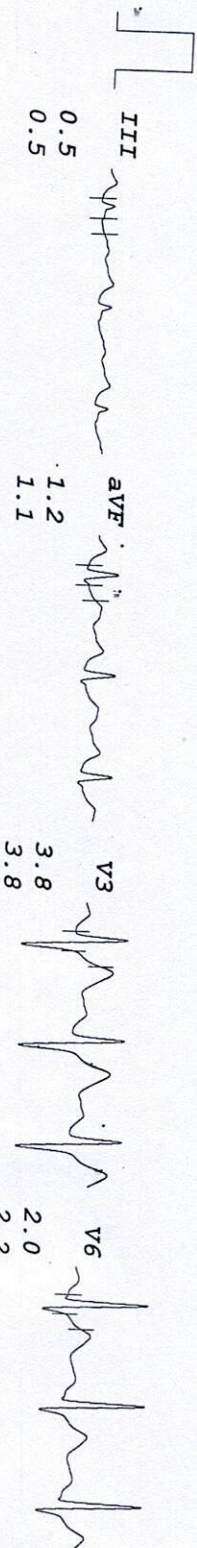
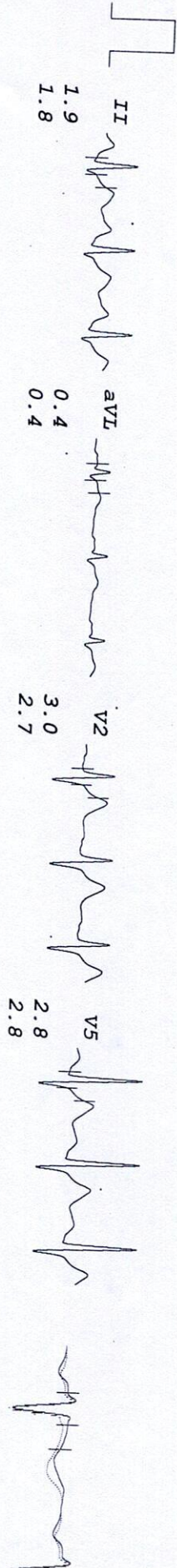
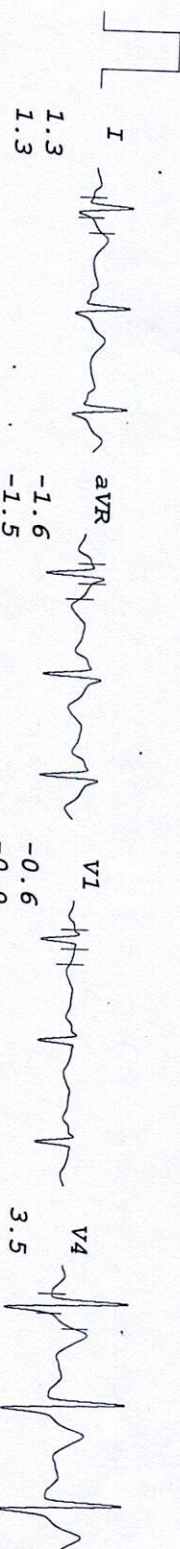
RATE 113bpm  
B.P. 130/80

Bruce  
RECOVERY  
TOTAL TIME 8:48  
PHASE TIME 1:55

ST @ 10mm/mV  
80ms PostJ

LINKED MEDIAN

Mag. X 2



-0.6  
-0.9



# IPSC PAIN AND SPINE HOSPITAL

MR RAHUL MAZUMDAR  
 I.D. 67194  
 Age 39/M  
 Date 23-03-2024

RATE 107bpm  
 B.P. 120/80

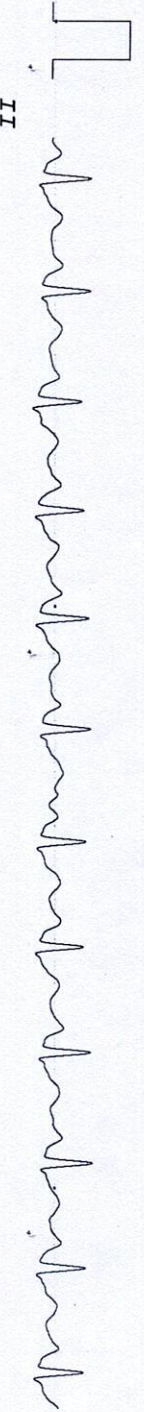
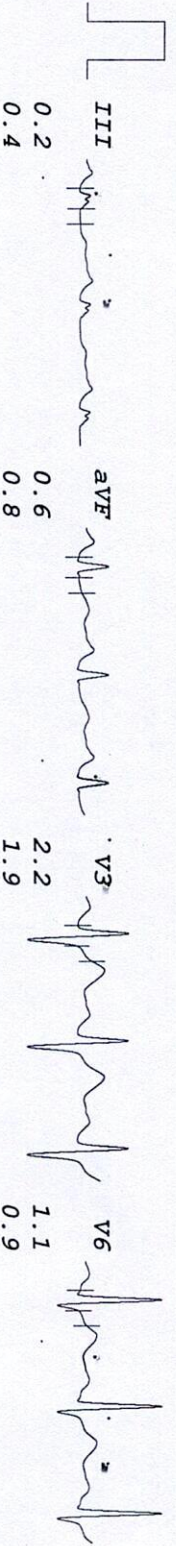
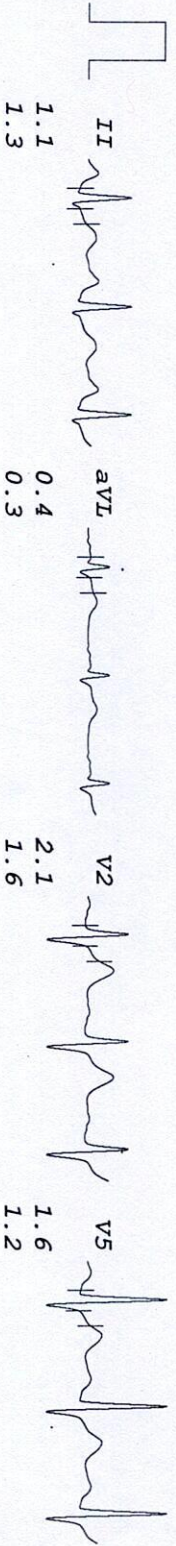
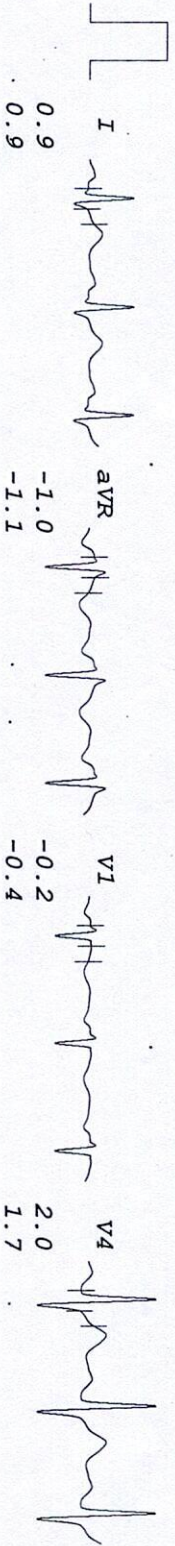
Bruce  
 RECOVERY  
 TOTAL TIME 9:48  
 PHASE TIME 2:55

ST @ 10mm/mV  
 80ms PostJ

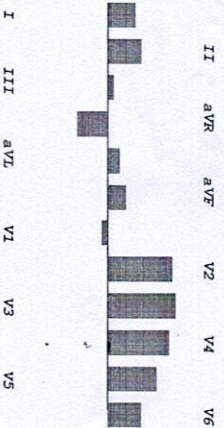
LINKED MEDIAN

Mag. X 2

V1



-0.2  
 -0.4





<b>Radiology No.</b>	: 10890/OPDPB23DL	<b>Date</b>	: 23-Mar-2024
<b>Patient Name</b>	: <b>Mr. RAHUL MAZUMDAR</b>	<b>Age/Sex</b>	: 39Y4M Male
<b>Guardian Name</b>	:	<b>UHID No.</b>	: 10399/UHTD23DL
<b>Referred By</b>	: Dr. .	<b>Mobile No.</b>	: <b>9910244998</b>

## X-RAY CHEST

### Image quality:-

LAO.

PA view. Normal penetration.

**Airway:-** Trachea central.

Carina & bronchi are normal.

No hilar abnormality.

**Lung fields:-** Clear.

**Cardiac:-** Cardiac borders are visible.

Normal heart size.

**Diaphragm:-** Costophrenic angles on right & left are normal.

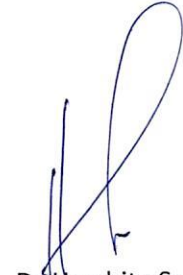
Cardiophrenic angles on right & left are normal.

Diaphragm portion are normal.

**Bony cage:-** No evidence of bony lesion/fracture seen.

No evidence of cervical ribs seen.

**Impression:** No significant abnormality detected.



Dr. Harshita Surange  
MBBS, DMRD (RADIODIAGNOSIS)  
DIPLOMA IN MSK, UCAM (Spain)  
Reg. No. MCI/16522, DMC/18402



BOOK APPOINTMENT







<b>Radiology No.</b> :	10890/OPDPB23DL	<b>Date</b> :	23-Mar-2024
<b>Patient Name</b> :	<b>Mr. RAHUL MAZUMDAR</b>	<b>Age/Sex</b> :	39Y4M Male
<b>Guardian Name</b> :		<b>UHID No.</b> :	10399/UHID23DL
<b>Referred By</b> :	Dr. .	<b>Mobile No.</b> :	<b>9910244998</b>

### ULTRASOUND WHOLE ABDOMEN

**Convex and linear probes were used.**

**The liver is normal in size contour however is increased echotexture.** Intrahepatic bile ducts and CBD are not dilated. Hepatic portal veins and the IVC appear normal in calibre.

**Gall bladder** is adequately distended with normal intraluminal fluid contents. No evidence of calculus / wall thickness noted.

**Pancreas** is of normal size and contour with normal echotexture.

**Right kidney** is normal in size and position. It shows normal movements with respiration. Cortical thickness is normal. **9.6mm calculus is seen in the lower pole.**

No mass or hydronephrotic changes seen.

Right kidney measures- 103 x 47mm.

Renal artery pulsation appears normal.

**Left kidney** is normal in size and position. It shows normal movements with respiration. Cortical thickness is normal. **3.6mm calculus is seen in the mid pole.**

No mass or hydronephrotic changes seen.

Left kidney measures- 99 x 50mm.

Renal artery pulsation appears normal.

Dr. Harshita Surange  
MBBS, DMRD (RADIODIAGNOSIS)  
DIPLOMA IN MSK, UCAM (Spain)  
Reg. No. MCI/16522, DMC/18402



BOOK APPOINTMENT







<b>Radiology No.</b>	: 10890/OPDPB23DL	<b>Date</b>	: 23-Mar-2024
<b>Patient Name</b>	: <b>Mr. RAHUL MAZUMDAR</b>	<b>Age/Sex</b>	: 39Y4M Male
<b>Guardian Name</b>	:	<b>UHID No.</b>	: 10399/UHID23DL
<b>Referred By</b>	: Dr. .	<b>Mobile No.</b>	: <b>9910244998</b>

Spleen is of normal size and shape. Echotexture is normal. No focal lesion is seen.  
Retro-peritoneal lymphadenopathy/ ascites/ pleural effusion:

**Urinary bladder** does not show any calculus or mass lesion. No significant wall thickening noted.

**Prostate is increased in size for age with median lobe hypertrophy indenting the base of bladder. The echotexture is coarsened. It measures 37 x 48 x 36mm. Its volume is 34gms. Corpora amylosia calcification is seen.**

- Impression** -1)Fatty liver Grade I.  
2)Bilateral renal calculi.  
3)Prostatomegaly.

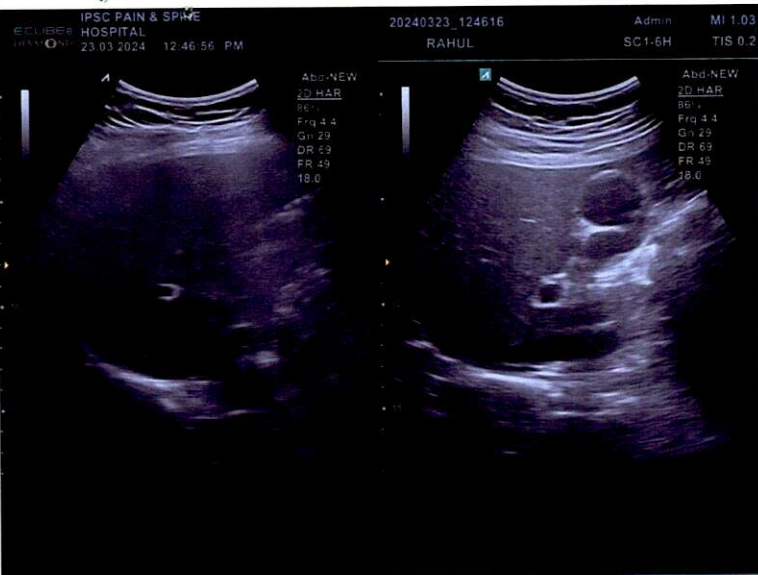
Dr. Harshita Surange  
MBBS,DMRD(RADIODIAGNOSIS)  
DIPLOMA IN MSK,UCAM(Spain)  
Reg.No. MCI/16522,DMC/18402



BOOK APPOINTMENT









23-05-2024 11:09:58 AM

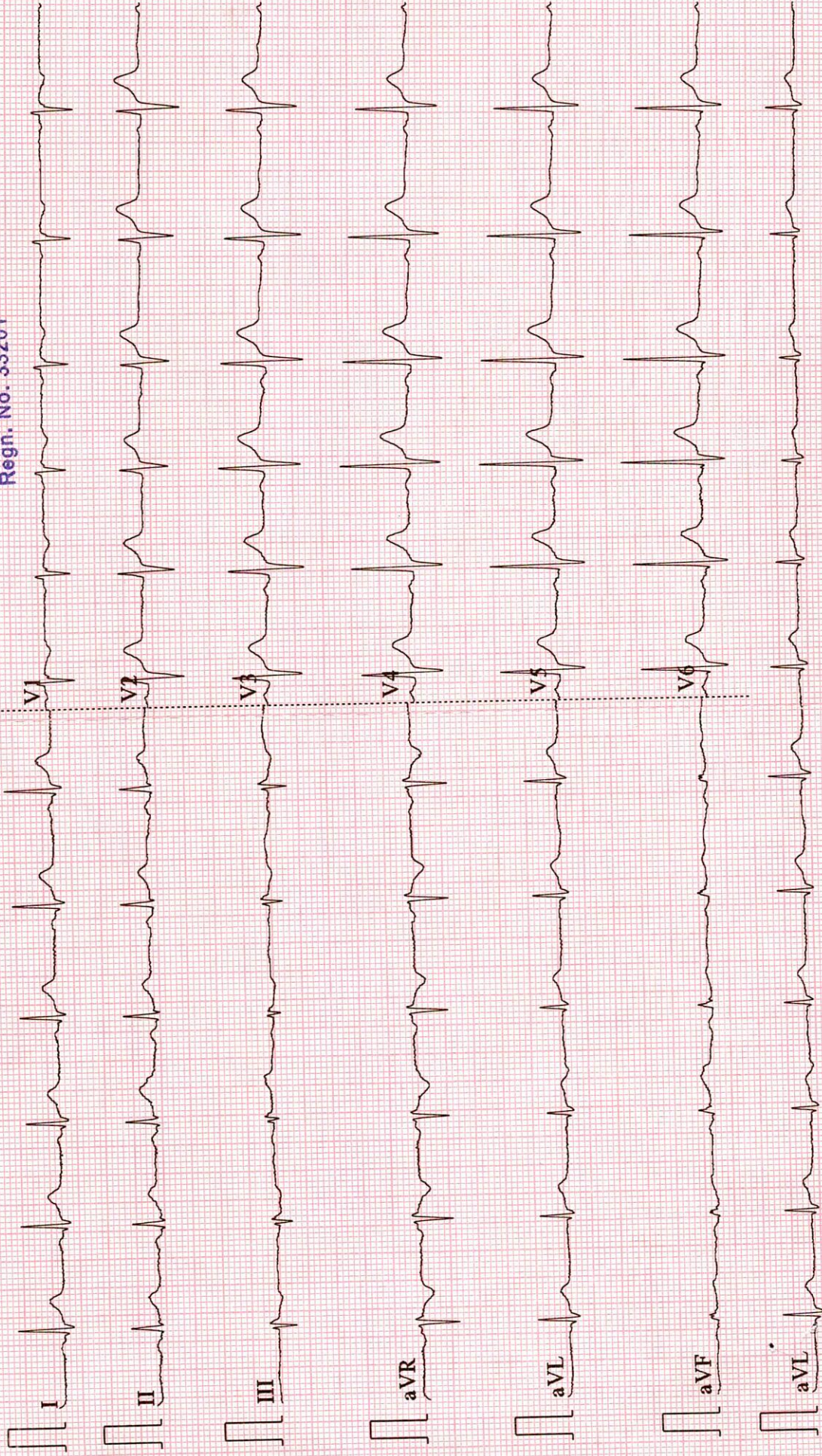
Diagnosis Information:  
Sinus arrhythmia  
Normal ECG

rahul mazumdar  
Male 39Years  
Req. No. :


Rahul Mazumdar  
39 yrs.  
*(Signature)*

HR : 76 bpm  
P : 116 ms  
PR : 150 ms  
QRS : 86 ms  
QT/QTcBz : 344/387 ms  
P/QRS/T : 55/34/28 °  
RV5/SV1 : 1.122/0.514 mV

Report Confirmed by: **ANIL SAHOO**  
MD, PGDCC  
Regn. No. 33201





<b>Patient Name</b> : Mr. RAHUL MAZUMDAR	<b>Reg No.</b> : 10399/UHID23DL	<b>Lab ID.</b> : 10890/OPDPB23DL
<b>Age / Gender</b> : 39Y4M / Male	<b>Date</b> : 23-Mar-2024	
<b>Mobile No.</b> : 9910244998	<b>Manual No.</b>	<b>Collected</b> :23-Mar-2024 13.13
<b>Refd. By</b> : Dr. .		<b>Received</b> :23-Mar-2024 13.13
<b>Sample Type</b> : Plasma(Sodium fluoride)	<b>Sample ID</b> : 243849	<b>Report</b> :23-Mar-2024 20.55

TEST NAME	RESULT	UNIT	RANGE	METHOD
-----------	--------	------	-------	--------

**BIOCHEMISTRY**

BLOOD SUGAR FASTING	94.1	mg/dl	74-100	GOD-POD
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**INTERPRETATION:**

American Diabetes Association (ADA) Diabetes Guidelines

Criteria for Diabetes Mellitus Diagnosis:

Fasting plasma glucose  $\geq$  126.0 mg/dl (Fasting is defined as no caloric intake for  $>$ 8 hours) or

2-hr plasma glucose  $>$ 200 mg/dl after glucose load or

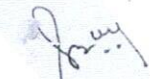
HbA1c  $\geq$  6.5% or

Random Plasma glucose  $>$ 200 mg/dl

Impaired Fasting Glucose

Fasting glucose  $\geq$ 100mg/dl but  $<$ 126 mg/dl

-----End of Report-----



Dr. Sangeeta B  
DCP, DNB, PATHOLOGY,  
DMC/25252  
Lab Technician : chand


Dr. Meenakshi Grag  
Consultant Pathologist.



BOOK APPOINTMENT





<b>Patient Name</b> : Mr. RAHUL MAZUMDAR	<b>Reg No.</b> : 10399/UHID23DL	<b>Lab ID.</b> : 10890/OPDPB23DL
<b>Age / Gender</b> : 39Y4M / Male	<b>Date</b> : 23-Mar-2024	
<b>Mobile No.</b> : 9910244998	<b>Manual No.</b>	<b>Collected</b> : 23-Mar-2024 20.22
<b>Refd. By</b> : Dr. .		<b>Received</b> : 23-Mar-2024 20.22
<b>Sample Type</b> : Plasma(Sodium fluoride)	<b>Sample ID</b> : 243849	<b>Report</b> : 23-Mar-2024 20.55

TEST NAME	RESULT	UNIT	RANGE	METHOD
-----------	--------	------	-------	--------

**BIOCHEMISTRY**

Blood Sugar PP	98.8	mg/dl	70-150	GOD-POD
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**INTERPRETATION:**

American Diabetes Association (ADA) Diabetes Guidelines

Criteria for Diabetes Mellitus Diagnosis:

Fasting plasma glucose >126.0 mg/dl (Fasting is defined as no caloric intake for >8 hours) or

2-hr plasma glucose >200 mg/dl after glucose load or

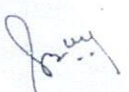
HbA1c >= 6.5% or

Random Plasma glucose >200 mg/dl

Impaired Fasting Glucose

Fasting glucose >=100mg/dl but <126 mg/dl

-----End of Report-----

  
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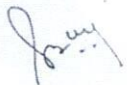
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<b>Patient Name</b> : Mr. RAHUL MAZUMDAR	<b>Reg No.</b> : 10399/UHID23DL	<b>Lab ID.</b> : 10890/OPDPB23DL
<b>Age / Gender</b> : 39Y4M / Male	<b>Date</b> : 23-Mar-2024	
<b>Mobile No.</b> : 9910244998	<b>Manual No.</b>	<b>Collected</b> : 23-Mar-2024 13.13
<b>Refd. By</b> : Dr. .		<b>Received</b> : 23-Mar-2024 13.13
<b>Sample Type</b> : EDTA whole blood	<b>Sample ID</b> : 243849	<b>Report</b> : 23-Mar-2024 20.55

TEST NAME	RESULT	UNIT	RANGE	METHOD
<b>HEAMOTOLOGY</b>				
<b>COMPLETE BLOOD COUNT</b>				
HEMOGLOBIN	14.6	g/dl	13.0 - 17.0	Colorimetric
TOTAL LEUCOCYTE COUNT	5.2	10 <sup>3</sup> /uL	4.0-11.0	Electrical impedance
<b>DIFFERENTIAL LEUCOCYTE COUNT(DLC)</b>				
Neutrophil	72	%	40-75	Electrical impedance
Lymphocyte	24	%	20-45	Electrical impedance
Eosinophil	02	%	01-06	Microscopy
Monocyte	02	%	2-10	Microscopy
Basophil	00	%	0-2	Microscopy
ESR	10	mm/1sthr	0-20	Westergren's
RBC COUNT	4.98	mili/cmm	4.50 - 5.50	Electrical impedance
PCV	44	%	40 - 50	Calculated
MCV	87.80	fL	83.00 - 101.00	Calculated
MCH	29.4	Picogram	27.0 - 32.0	Calculated
MCHC	33.40	gm/dl	31.50 - 34.50	Calculated
PLATELET COUNT	161	10 <sup>3</sup> /uL	150 - 410	Electrical impedance
-----End of Report-----				

  
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TEST NAME	RESULT	UNIT	RANGE	METHOD
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**HEAMOTOLOGY**

HBA1C (GLYCOSYLATED HB)	5.4	%	4-6	PEIT
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Good control :

Metabolically healthy patients 4.5 - 6.0 %  
6.1 - 6.5 %

Fair control : 6.6 - 7.0 %

Poor control : Above - >7.0 %

COMMENTS: HbA1c is an indicator of glycemic control. HbA1c represents average glycemia over the past six to eight weeks. Glycation of hemoglobin occurs over the entire 120 day life span of the red blood cell, but within this 120 days. Recent glycemia has the largest influence on the HbA1c value. Clinical studies suggest that a patient in stable control will have 50% of their HbA1c formed in the month before sampling, 25% in the month before that, and the remaining 25% in months two to four. Estimated Average Glucose mg/dl = (HbA1c x 35.6) - 77.3. Correlation between HbA1c and Mean Plasma Glucose (MPG) is not "perfect" but rather only this means that to predict or estimate average glucose from Hb-A1c or vice-versa is not "perfect" but gives a good working ballpark estimate. Afternoon and evening results correlate more closely to HbA1c than morning results, perhaps because morning fasting glucose levels vary much more than daytime glucose levels, which are easier to predict and control. As per IFCC recommendations 2007, HbA1c being reported as above maintaining traceability to both IFCC (mmol/mol) & NGSP (%) units.

-----End of Report-----



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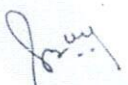




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<b>Sample Type</b> : Serum	<b>Sample ID</b> : 243849	<b>Report</b> : 23-Mar-2024 20.55

TEST NAME	RESULT	UNIT	RANGE	METHOD
<b>BIOCHEMISTRY</b>				
<b>KIDNEY FUNCTION TEST</b>				
Blood Urea	22.4	mg/dl	15.0-45.0	urease-GLDH
Serum Creatinine	0.8	mg/dl	0.7-1.3	Jaffes Kinetic
Serum Uric Acid	5.80	mg/dl	2.5-7.2	Uricase
<b>Total Protein</b>	6.89	g/dl	6.4-8.3	Biuret
PROTEN	4.4	g/dl	3.4-4.8	Bcg
ALBUMIN	2.49	g/dl	2.3-3.5	
GLOBULIN	1.77			
A/G RATIO	10.2	mg/dl	8.6-10.2	Arsenazo
Calcium	140.0	mmol/L	136.0-149.0	ISE Indirect
Sodium	4.1	mmol/L	3.5-5.5	ISE Indirect
Potasium	102.5	mmol/L	98.0-109.0	ISE Indirect
Chloride				

-----End of Report-----

  
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TEST NAME	RESULT	UNIT	RANGE	METHOD
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**BIOCHEMISTRY**

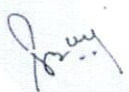
**LIPID PROFILE**

Total Cholesterol	174.00	mg/dl	123-199	CHOD-PAP
Triglycerides	100.3	mg/dl	40-160	Gpo
HDL Cholesterol Direct	59.4	mg/dl	35.3-79.5	Direct
Vldl	20	mg/dl	4.7-22.1	
LDL Cholesterol Direct	94.5	mg/dl	63-129	
Total Cholesterol/HDL Ratio	2.9		0.0-4.97	
LDL/HDL Ratio	1.6		0.0-3.55	

**INTERPRETATION:-**

Acceptable/Low Risk	: Total cholesterol < 200 mg/dl	LDL cholesterol <130 mg/dl	Triglycerides <150 mg/dl
Borderline High Risk	: 200-239 mg/dl	130-159 mg/dl	150-199 mg/dl
High Risk	: > 240 mg /dl	> 160 mg/dl	200-499 mg/dl
Very High			>500 mg/dl

-----End of Report-----

  
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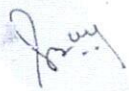
TEST NAME	RESULT	UNIT	RANGE	METHOD
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### BIOCHEMISTRY

#### LIVER FUNCTION TEST

<b>Serum Bilirubin</b>				
Total Bilirubin	0.62	mg/dl	0.0-2.0	Diazo
Direct Bilirubin	0.32	mg/dl	0-0.4	Diazo
Indirect Bilirubin	0.30	mg/dl	0-0.8	Calculated
<b>Total Protein</b>				
PROTEN	6.89	g/dl	6.4-8.3	Biuret
ALBUMIN	4.4	g/dl	3.4-4.8	Bcg
GLOBULIN	2.49	g/dl	2.3-3.5	
A/G RATIO	1.77			
SGOT	220	U/L	0-35	IFCC
SGPT	25	U/L	0.0-45	IFCC
Gamma GT	17.0	U/L	0-55	Glupa-c
Alkaline Phosphatase	342	U/L	53-128	Amp

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TEST NAME	RESULT	UNIT	RANGE	METHOD
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CLINICAL PATHOLOGY


PSA TOTAL 0.54 ng/ml 0-4.1

< 4.1  
 0-40 yrs : < 1.4  
 41-50 yrs : < 2.0  
 51-60 yrs : < 3.1  
 61-70 yrs : < 4.1  
 71-100 yrs : < 4.4

COMMENTS: PSA levels can be also increased by prostate infection, irritation, benign prostatic hyperplasia ( BPH) and recent ejaculation, producing a false positiveresult. Digital rectal examination (DRE) has been shown in several studies to produce an increase in PSA.

However, the effect is clinically insignificant, since DRE causes the Most substantial increase in patients with PSA levels already elevated over 4.0 ng/mL . Most PSA in the blood is bound to serum proteins. A small amount is not protein bound and is called free PSA. In men with prostate cancer the ratio of free ( unbound) PSA to total PSA is decreased. The risk of cancer increases if the free to total ratio is less than 25%. The lower the ratio the greater the probability of prostate cancer. Measuring the Ratio of free to total PSA appears to be particularly promising promising for eliminating unnecessary biopsies in men with PSA levels between 4 and 10 ng/mL. However , both and free PSA increase immediately after ejaculation, returning slowly to baseline levels within 24 Hours.

-----End of Report-----



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TEST NAME	RESULT	UNIT	RANGE	METHOD
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HORMONES

**THYROID PROFILE**  
T3

1.20 ng/dl

CLIA

**All values**

Adults (euthyroid) 0.50-2.00

Newborns 0.73-2.88

6d - 3 mth 0.80-2.75

4 - 12 mth 0.86-2.65

1 - 3 yr 0.92-2.48

7 - 11 yr 0.93-2.31

12- 20 yr 0.91-2.18

**Pregnancy**

First trimester 0.05 - 3.70

Second trimester 1.7 - 4.3

Third trimester 0.4 - 3.9

T4

9.20 µg/dl

CLIA

Adults - M - 4.4-10.8 µg/dl

F- 4.8 - 11.6 µg/dl

1<sup>st</sup> Trimester 7.3-15.00 µg/dl

2<sup>st</sup> Trimester 8.92-17.38

3<sup>st</sup> Trimester 7.98-17.70

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<b>Sample Type</b> : Serum	<b>Sample ID</b> : 243849	<b>Report</b> :24-Mar-2024 09.52

TSH

1.31

µIU/ml

CLIA

**Adults**

21-100 yrs 0.42 - 5.45

**Pediatric**

0-12 Months 0.98-5.63

1-5 years 0.64-5.76

6-10 Years 0.51-4.82

11-14 Years 0.53-5.27

15-20 years 0.43-4.20

**Pregnancy**

First trimester 0.1 - 2.5\*

Second trimester 0.2 - 3\*

Third trimester 0.3 - 3\*

COMMENTS: Assay results should be interpreted in context to the clinical condition and associated results of other investigations. Previous treatment with corticosteroid therapy may result in lower TSH levels while thyroid hormone levels are normal. Results are invalidated if the client has undergone a radionuclide scan within 7-14 days before the test. Abnormal thyroid test findings often found in critically ill clients should be repeated after the critical nature of the condition is resolved. The production, circulation, and disintegration of thyroid hormones are altered throughout the stages of pregnancy

-----End of Report-----

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<b>Refd. By</b> : Dr. .		<b>Received</b> : 23-Mar-2024 20.22
<b>Sample Type</b> : URINE	<b>Sample ID</b> : 243849	<b>Report</b> : 23-Mar-2024 20.55

TEST NAME	RESULT	UNIT	RANGE	METHOD
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CLINICAL PATHOLOGY

URINE ROUTINE

MICROSCOPY

PHYSICAL EXAMINATION

QUANTITY	20.00	ml	10-30	
COLOUR	PALE YELLOW			
TRANSPARENCY	CLEAR			
SPECIFIC GRAVITY	1.020		1.015-1.025	
PH	6.0		5.5 - 7	

CHEMICAL EXAMINATION

ALBUMIN	NIL
SUGAR	NIL

MICROSCOPIC EXAMINATION

PUS CELLS	2-3	/hpf		MICROSCOPIC
REDS	NIL		NIL	
CASTS	NIL			
CRYSTALS	NIL			
EPITHELIAL CELLS	1-2			
BACTERIA	NIL			
OTHERS	NIL			

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