

LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,
Mediweel (Arofeeni Healthcare Limited)
/ helpline number 011- 41195959

Dear Sir / Madam,

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MR. GOSWAMI MRINAL
EC NO.	81239
DESIGNATION	GLOBAL MID OFFICE
PLACE OF WORK	MUMBAI, BKC, BARODA CORPORATE C
BIRTHDATE	03-09-1971
PROPOSED DATE OF HEALTH CHECKUP	19-02-2024
BOOKING REFERENCE NO.	23M81239100091096E

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **15-02-2024** till **31-03-2024**. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

**Chief General Manager
HRM Department
Bank of Baroda**

Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediweel (Arofeeni Healthcare Limited).

CONSENT FORM

Client Name: MRINAL GOSWAMI Age: 52
UHID Number: Star-61602 Company Name: Arcofeni Mediwhel.

I Mr/Mrs/Ms MRINAL GOSWAMI Employee of Bank of Baroda
(Company) Want to inform you that I am not interested in getting ED Echo in place
Tests done which is a part of my routine health check package. I will be doing
And I claim the above statement in my full consciousness. TMT test

Patient Signature:  Date: 24.02.2024



Patient Name	: Mr. Mrinal Goswami	Age/Gender	: 52 Y/M
UHID/MR No.	: STAR.0000061602	OP Visit No	: STAROPV67657
Sample Collected on	:	Reported on	: 24-02-2024 12:25
LRN#	: RAD2246519	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 81239		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER : The liver is normal in size, shape & echotexture. No focal mass lesion is seen. The intrahepatic biliary tree & venous radicles appear normal. The portal vein and CBD appear normal.

GALL BLADDER :The gall bladder is well distended and reveals normal wall thickness. There is no evidence of calculus seen in it.

PANCREAS :The pancreas is normal in size and echotexture. No focal mass lesion is seen.

SPLEEN :The spleen is normal in size and echotexture. No focal parenchymal mass lesion is seen. The splenic vein is normal.

KIDNEYS : The **RIGHT KIDNEY** measures 11.8 x 5.1 cms and the **LEFT KIDNEY** measures 11.1 x 5.7 cms in size.Both kidneys are normal in size, shape and echotexture. There is no evidence of hydronephrosis or calculi seen on either side.

The para-aortic & iliac fossa regions appears normal. There is no free fluid or any lymphadenopathy seen in the abdomen.

PROSTATE : The prostate measures 2.9 x 3.0 x 2.7 cms and weighs 13.0 gms. It is normal in size, shape and echotexture. No prostatic calcification is seen.

URINARY : The urinary bladder is well distended and is normal in shape and contour.

BLADDER No intrinsic lesion or calculus is seen in it. The bladder wall is normal in thickness.

IMPRESSION : **Normal Ultrasound examination of the Abdomen and Pelvis.**



Dr. VINOD SHETTY
Radiology

Patient Name : Mr. Mrinal Goswami

Age/Gender : 52 Y/M

UHID/MR No. : STAR.0000061602

OP Visit No : STAROPV67657

Sample Collected on :

Reported on : 24-02-2024 11:55

LRN# : RAD2246519

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 81239

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. VINOD SHETTY
Radiology

Patient Name : Mr.MRINAL GOSWAMI
Age/Gender : 52 Y 5 M 21 D/M
UHID/MR No : STAR.0000061602
Visit ID : STAROPV67657
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 81239

Collected : 24/Feb/2024 08:46AM
Received : 24/Feb/2024 11:02AM
Reported : 24/Feb/2024 01:08PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

Methodology : Microscopic

RBC : Normocytic normochromic


WBC : Normal in number, Eosinophilia

Platelets : Adequate in Number, Few Giant Platelet seen.

Parasites : No Haemoparasites seen

IMPRESSION : Normocytic normochromic blood picture, Eosinophilia

Note/Comment : Please Correlate clinically


DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



SIN No:BED240047837

Apollo Speciality Hospitals Private Limited

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

Regd Off:1-10-62/62 ,5th Floor, Ashoka RaghupathiChambers,
Begumpet, Hyderabad, Telangana - 500016

Address:

190, Parnax One Labs, Behind Everest Building,
Tardeo (Kumbhari Central), Mumbai, Maharashtra
Ph: 022-4552 4500

Patient Name : Mr.MRINAL GOSWAMI
Age/Gender : 52 Y 5 M 21 D/M
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Visit ID : STAROPV67657
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DEPARTMENT OF HAEMATOLOGY


ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	16.1	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	49.90	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	5.12	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	97.3	fL	83-101	Calculated
MCH	31.5	pg	27-32	Calculated
MCHC	32.4	g/dL	31.5-34.5	Calculated
R.D.W	12.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,950	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	55	%	40-80	Electrical Impedance
LYMPHOCYTES	25	%	20-40	Electrical Impedance
EOSINOPHILS	11	%	1-6	Electrical Impedance
MONOCYTES	09	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3822.5	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1737.5	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	764.5	Cells/cu.mm	20-500	Calculated
MONOCYTES	625.5	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.2		0.78- 3.53	Calculated
PLATELET COUNT	150000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

Methodology : Microscopic

RBC : Normocytic normochromic

Page 2 of 12



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



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Address:
190, Patanjali One Labs, Behind Everest Building,
Taranga Junction Central, HMT Nagar, Maracotta
Ph: 022-4552 4500

Patient Name : Mr.MRINAL GOSWAMI
Age/Gender : 52 Y 5 M 21 D/M
UHID/MR No : STAR.0000061602
Visit ID : STAROPV67657
Ref Doctor : Dr.SELF
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324


WBC : Normal in number, Eosinophilia

Platelets : Adequate in Number, Few Giant Platelet seen.

Parasites : No Haemoparasites seen

IMPRESSION : Normocytic normochromic blood picture, Eosinophilia

Note/Comment : Please Correlate clinically


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Age/Gender : 52 Y 5 M 21 D/M	Received : 24/Feb/2024 11:02AM
UHID/MR No : STAR.0000061602	Reported : 24/Feb/2024 01:54PM
Visit ID : STAROPV67657	Status : Final Report
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Emp/Auth/TPA ID : 81239	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination

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MBBS, DPB
PATHOLOGY

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Begumpet, Hyderabad, Telangana - 500016

Address:

190, Patanjali Care Labs, Behind Everest Building,
Tandri Junction Central, Mumbai, Maharashtra
Ph: 022-4552 4500

Patient Name : Mr.MRINAL GOSWAMI	Collected : 24/Feb/2024 02:17PM
Age/Gender : 52 Y 5 M 21 DM	Received : 24/Feb/2024 04:36PM
UHID/MR No : STAR.0000061602	Reported : 24/Feb/2024 05:31PM
Visit ID : STAROPV67657	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 81239	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	95	mg/dL	70-100	GOD - POD

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:


- The diagnosis of Diabetes requires a fasting plasma glucose of $> \text{ or } = 126 \text{ mg/dL}$ and/or a random / 2 hr post glucose value of $> \text{ or } = 200 \text{ mg/dL}$ on at least 2 occasions.
- Very high glucose levels ($>450 \text{ mg/dL}$ in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	117	mg/dL	70-140	GOD - POD

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



SIN No:PLP1423752

Apollo Speciality Hospitals Private Limited

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

Regd Off:1-10-62/62, 5th Floor, Ashoka Raghupathi Chambers, Begumpet, Hyderabad, Telangana - 500016

Address:

190, Park Road, 5th Floor, Behind Everest Building,
Taraori Junction, Central, HSR, Bangalore
Ph: 022 4552 4500

Patient Name : Mr.MRINAL GOSWAMI
Age/Gender : 52 Y 5 M 21 D/M
UHID/MR No : STAR.0000061602
Visit ID : STAROPV67657
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 81239

Collected : 24/Feb/2024 08:46AM
Received : 24/Feb/2024 03:59PM
Reported : 24/Feb/2024 05:16PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	103	mg/dL		Calculated


Comment:

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - HbF >25%
 - Homozygous Hemoglobinopathy.
(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



DR. Saachi Pravin Garg
M.B.B.S, DNB(Pathologist)
Consultant Pathologist

SIN No:EDT240021376



Patient Name : Mr.MRINAL GOSWAMI
Age/Gender : 52 Y 5 M 21 D/M
UHID/MR No : STAR.0000061602
Visit ID : STAROPV67657
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 81239

Collected : 24/Feb/2024 08:46AM
Received : 24/Feb/2024 03:59PM
Reported : 24/Feb/2024 04:35PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

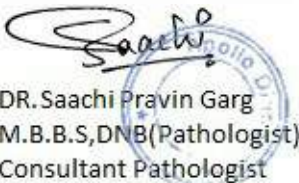
Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	153	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	177	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	42	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	111	mg/dL	<130	Calculated
LDL CHOLESTEROL	75.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	35.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.64		0-4.97	Calculated

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.



DR. Saachi Pravin Garg
M.B.B.S, DNB(Pathologist)
Consultant Pathologist

SIN No:BI18461960



Patient Name : Mr.MRINAL GOSWAMI
Age/Gender : 52 Y 5 M 21 D/M
UHID/MR No : STAR.0000061602
Visit ID : STAROPV67657
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 81239

Collected : 24/Feb/2024 08:46AM
Received : 24/Feb/2024 11:57AM
Reported : 24/Feb/2024 02:46PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.30	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.20	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	18	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	105.00	U/L	32-111	IFCC
PROTEIN, TOTAL	8.20	g/dL	6.7-8.3	BIURET
ALBUMIN	5.00	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.20	g/dL	2.0-3.5	Calculated
A/G RATIO	1.56		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

1. Hepatocellular Injury:


- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment:

- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



SIN No:SE04639688

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Patient Name : Mr.MRINAL GOSWAMI	Collected : 24/Feb/2024 08:46AM
Age/Gender : 52 Y 5 M 21 D/M	Received : 24/Feb/2024 11:57AM
UHID/MR No : STAR.0000061602	Reported : 24/Feb/2024 02:01PM
Visit ID : STAROPV67657	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.69	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	34.20	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	16.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.70	mg/dL	4.0-7.0	URICASE
CALCIUM	9.40	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.60	mg/dL	2.6-4.4	PNP-XOD
SODIUM	141	mmol/L	135-145	Direct ISE
POTASSIUM	3.8	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	100	mmol/L	98-107	Direct ISE



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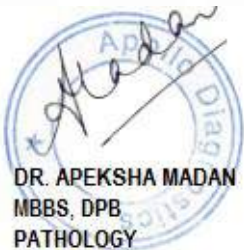
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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	19.00	U/L	16-73	Glycylglycine Kinetic method

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 MBBS, DPB
 PATHOLOGY

SIN No:SE04639688

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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324


Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.24	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	6.32	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	3.730	µIU/mL	0.25-5.0	ELFA

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 – 3.0
Third trimester	0.3 – 3.0

- TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
- TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
- Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
- Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



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PATHOLOGY



SIN No:SPL24031441

Apollo Speciality Hospitals Private Limited
(Formerly known as a Nova Speciality Hospitals Private Limited)
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190, Park Road, 5th Floor, Behind Everest Building,
Taraori (Jubilee Centre), Jubilee, Maracostina
Ph: 022-4552 4500

Patient Name : Mr.MRINAL GOSWAMI
Age/Gender : 52 Y 5 M 21 D/M
UHID/MR No : STAR.0000061602
Visit ID : STAROPV67657
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 81239

Collected : 24/Feb/2024 08:46AM
Received : 24/Feb/2024 01:34PM
Reported : 24/Feb/2024 03:27PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED


DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	0-1	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-1	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

*** End Of Report ***

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