

CERTIFICATE OF MEDICAL FITNESS

NAME: Kumar Maheshwar Para

AGE/ GENDER: 37y/m

HEIGHT: 169cm

WEIGHT: 62.7kg

IDENTIFICATION MARK: _____

BLOOD PRESSURE: 130/80 mm/Hg

PULSE: 84/min

CVS: Normal

RS:P

ANY OTHER DISEASE DIAGNOSED IN THE PAST:

Diabetic T. Rosuday 5mg
T. Paracetamol 500mg

ALLERGIES, IF ANY: Nil

LIST OF PRESCRIBED MEDICINES: Nil

ANY OTHER REMARKS: Nil

I Certify that I have carefully examined Mr/Mrs. Kumar Maheshwar Para son/daughter of Ms. Madan Mehan Para who has signed in my presence. He/ she has no physical disease and is fit for employment.

Signature of candidate

Dr. BINDURAJ, R
MD
Internal Medicine
Signature of Medical Officer

Place: Spectrum Diagnostics & Health Care

Date: 27/1/24.

Disclaimer: The patient has not been checked for COVID. This certificate does not relate to the covid status of the patient examined



NAME	AGE	GENDER

DENTAL EXAMINATION REPORT:

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

C: CAVITY

M: MISSING

O: OTHERS

ADVISED:

CLEANING / SCALING / ROOTS PLANNING / FLOSSING & POLISHING / OTHERS

REMARKS:

SIGNATURE OF THE DENTAL SURGEON

SEAL

DATE



Dr. Ashok S
Bsc., MBBS., D.O.M.S
Consultant Ophthalmologist
KMC No: 31827

DATE: 27.01.24.

EYE EXAMINATION

NAME: *Ms. Kurni Maulana R.* AGE: *37*

GENDER: F / M

	RIGHT EYE	LEFT EYE
Vision	<i>6/24</i>	<i>6/24</i>
Vision With glass	<i>6/6</i>	<i>6/6</i>
Color Vision	Normal	Normal
Anterior segment examination	Normal	Normal
Fundus Examination	Normal	Normal
Any other abnormality	Nil	Nil
Diagnosis/ impression	Normal	Normal

To wear Spectacles

Dr. Ashok S
B.Sc., M.B.B.S., D.O.M.S.
Consultant & Surgeon
KMC 31827

Consultant (Ophthalmologist)



NAME	AGE	GENDER
Mr. Kumar M. Laxan	37y	Male

DENTAL EXAMINATION REPORT:

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

C: CAVITY → ^{Supraerupted} [Grossly carious] & ; Extraction recommended.
 M: MISSING
 O: OTHERS → Impacted 18

ADVISED: ✓ ✓

CLEANING / SCALING / ROOTS PLANNING / FLOSSING & POLISHING / OTHERS

REMARKS:

Sh
27/01/24.

SIGNATURE OF THE DENTAL SURGEON

SEAL

DATE

Dr. SACHDEV NAGARKAR
B.D.S., F.A.G.E., F.P.F.A. (USA)
Reg. No : 2247/A



ID: 240039

MR KUMAR MAUSUM RANA
Male 37Years

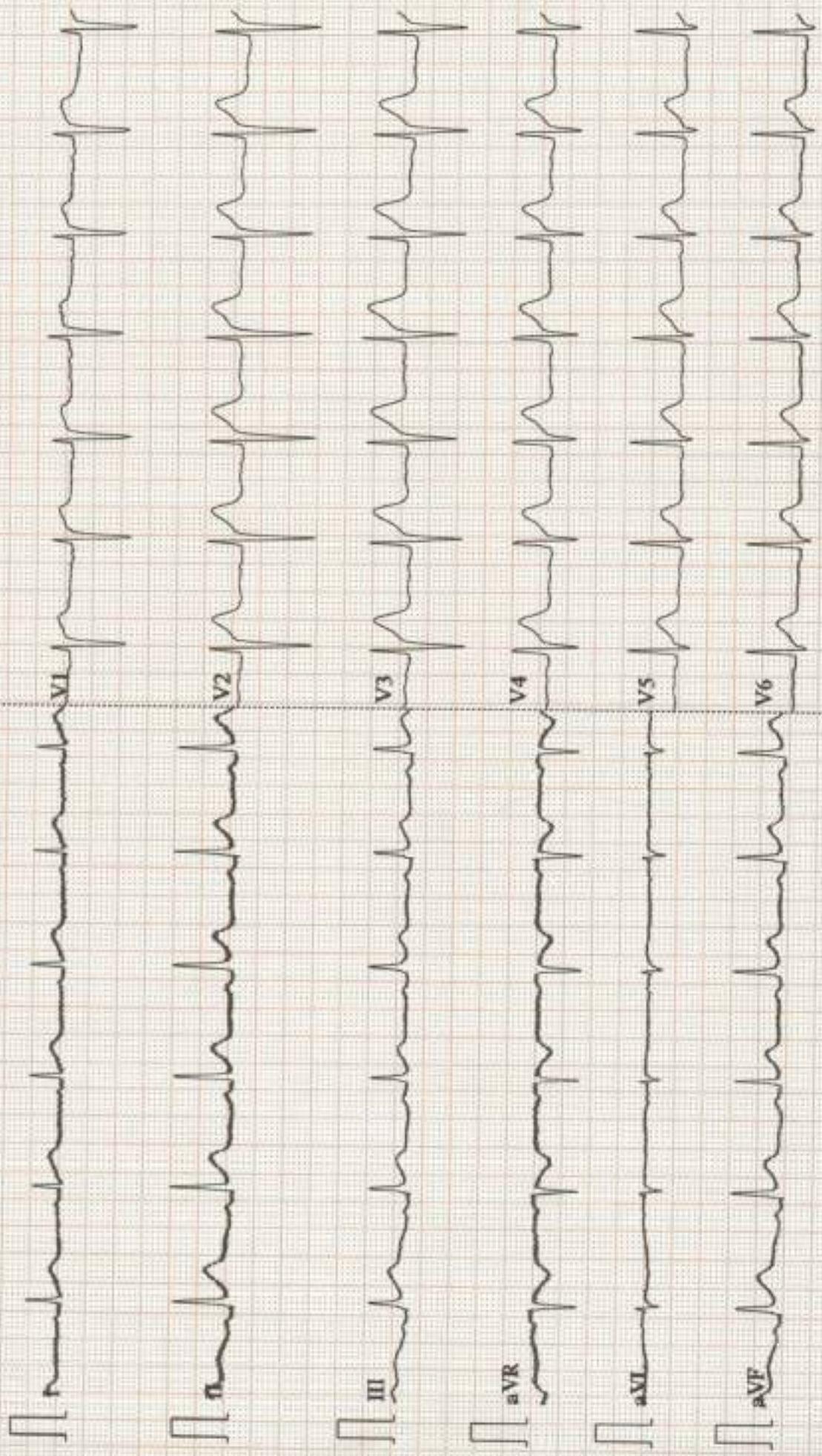
27-01-2024 11:11:20

HR : 78 bpm
P : 97 ms
PR : 166 ms
QRS : 94 ms
QT/QTc : 345/395 ms
PQRST : 73/63/60 °
RV5/SV1 : 0.894/0.982 mV

Diagnosis Information:
Sinus Rhythm
Normal ECG



Report Confirmed by:





SPECTRUM DIAGNOSTICS

Bangalore

Patient ID : 0097

Name : KUMAR MAUSUM RANA

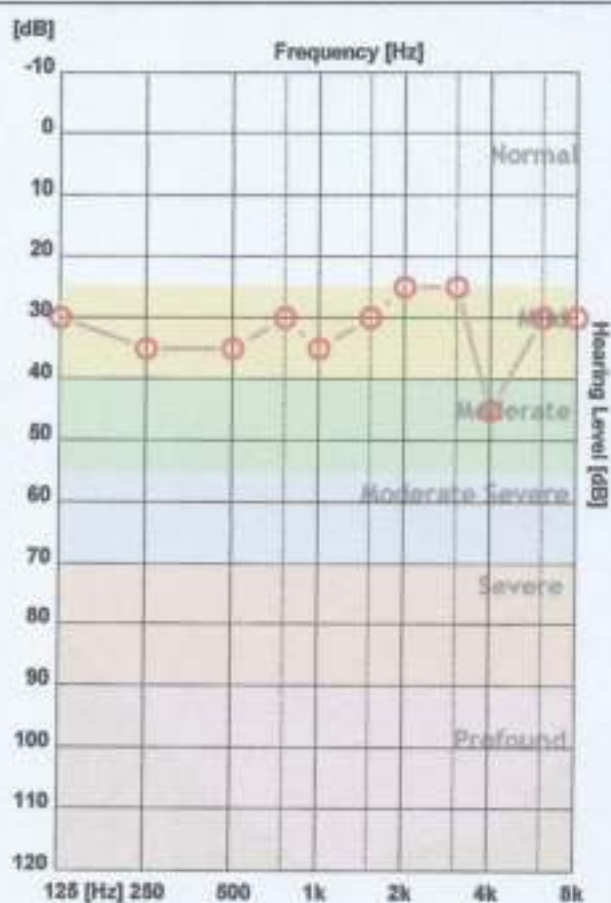
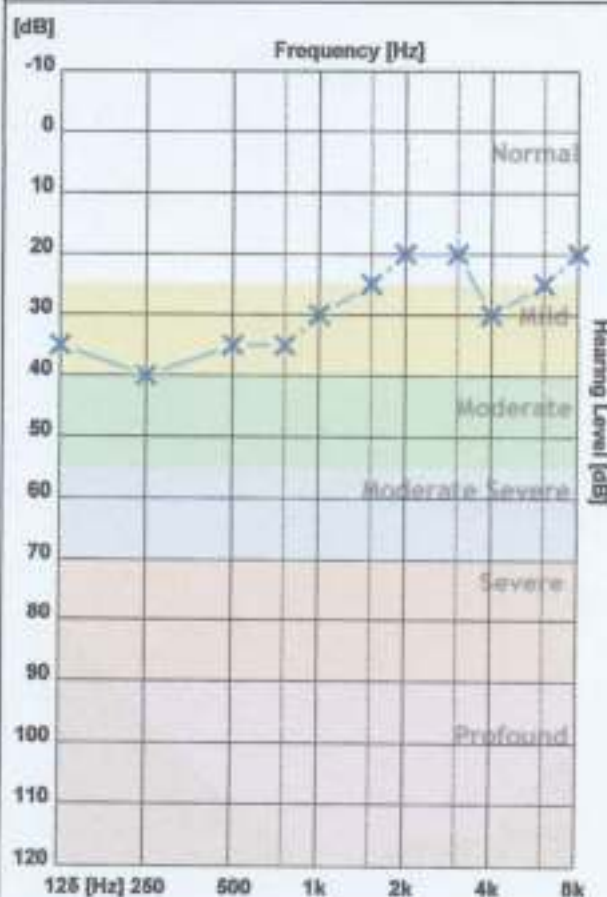
CR Number : 20240127124959

Registration Date : 27-Jan-2024

Age : 37

Gender : Male

Operator : spectrum diagnostics



125 Hz 250 Hz 500 Hz 750 Hz 1000 H 1500 H 2000 H 3000 H 4000 H 6000 H 8000 H

X - Air Left	35	40	35	35	30	25	20	20	30	25	20
O - Air Right	30	35	35	30	35	30	25	25	45	30	30
> - Bone Left											
< - Bone Right											

	Average	High	Mid	Low
AIR Left	28.64 dB	23.75 dB	25.00 dB	36.25 dB
AIR Right	31.82 dB	32.50 dB	30.00 dB	32.00 dB

Clinical Notes :

Right Ear:Normal
Left Ear:Normal





SPECTRUM DIAGNOSTICS

Bangalore

Patient ID : 0096

Name : MEHUL RAM

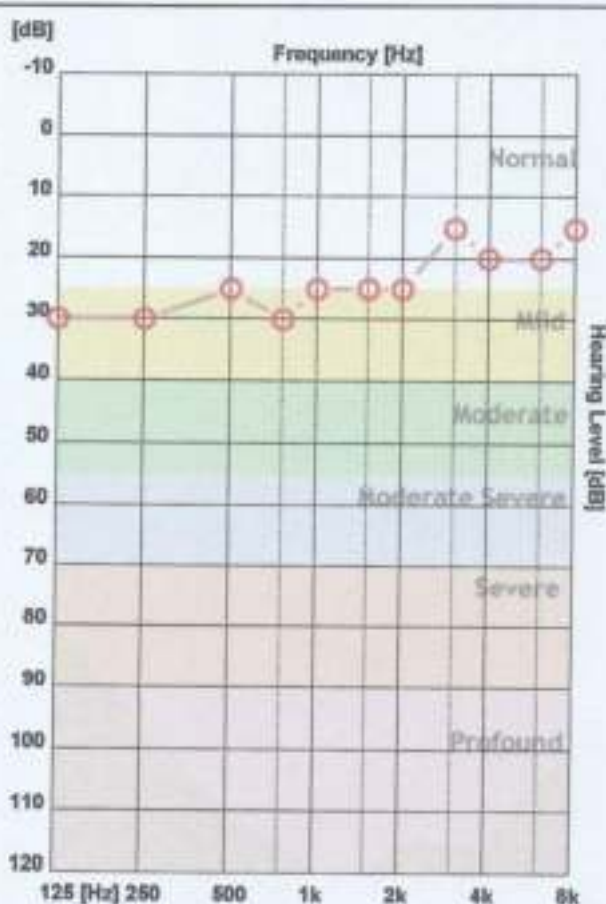
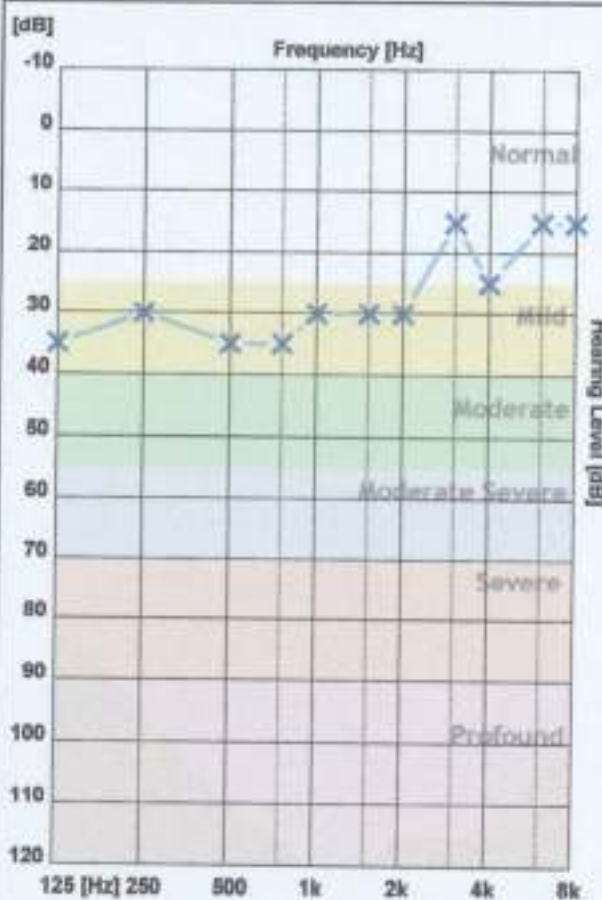
CR Number : 20240127121645

Registration Date : 27-Jan-2024

Age : 24

Gender : Male

Operator : spectrum diagnostics



125 Hz 250 Hz 500 Hz 750 Hz 1000 H 1500 H 2000 H 3000 H 4000 H 6000 H 8000 H

X - Air Left	35	30	35	35	30	30	30	18	25	18	18
O - Air Right	30	30	28	30	25	25	28	18	20	20	18
> - Bone Left											
< - Bone Right											

	Average	High	Mid	Low
AIR Left	26.82 dB	17.50 dB	30.00 dB	33.75 dB
AIR Right	23.84 dB	17.50 dB	25.00 dB	28.75 dB

Clinical Notes :

Right Ear: Normal
Left Ear: Normal



NAME : MR.KUMAR MAUSUM RANA	DATE : 27/01/2024
AGE/SEX : 37 YEARS/MALE	REG NO: 2701240039
REF BY : APOLLO CLINIC	

CHEST PA VIEW

Lung fields are clear.

Cardiovascular shadows are within normal limits.

Both CP angles are free.

Domes of diaphragm and bony thoracic cage are normal.

IMPRESSION: NORMAL CHEST RADIOGRAPH.



**DR.RAM PRAKASH G MDRD
CONSULTANT RADIOLOGIST**

Your suggestion / feedback is a valuable input for improving our services



PATIENT NAME	MR KUMAR MAUSAM RANA	ID NO	2701240039
AGE	37YEARS	SEX	MALE
REF BY	DR.APOLO CLINIC	DATE	27.01.2024

2D ECHO CARDIOGRAHIC STUDY

M-MODE

AORTA	26mm
LEFT ATRIUM	33mm
RIGHT VENTRICLE	20mm
LEFT VENTRICLE (DIASTOLE)	47mm
LEFT VENTRICLE(SYSTOLE)	38mm
VENTRICULAR SEPTUM (DIASTOLE)	10mm
VENTRICULAR SEPTUM (SYSTOLE)	11mm
POSTERIOR WALL (DIASTOLE)	09mm
POSTERIOR WALL (SYSTOLE)	08mm
FRACTIONAL SHORTENING	30%
EJECTION FRACTION	60%

DOPPLER /COLOUR FLOW

Mitral Valve Velocity : MVE- 0.65m/s MVA – 0.45m/s E/A-1.45

Tissue Doppler : e' (Septal) -7cm/s E/e'(Septal) -9

Velocity/ Gradient across the Pulmonic valve : 0.83m/s 3mmHg

Max. Velocity / Gradient across the Aortic valve : 1.19m/s 4mmHg

Velocity / Gradient across the Tricuspid valve : 2.01m/s 25mmHg



PATIENT NAME	MR KUMAR MAUSAM RANA	ID NO	2701240039
AGE	37YEARS	SEX	MALE
REF BY	DR.APOLO CLINIC	DATE	27.01.2024

2D ECHO CARDIOGRAHIC STUDY

LEFT VENTRICLE	SIZE& THICKNESS	NORMAL
CONTRACTILITY	REGIONAL GLOBAL	NO RWMA

RIGHT VENTRICLE	: NORMAL
LEFT ATRIUM	: NORMAL
RIGHT ATRIUM	: NORMAL
MITRAL VALVE	: NORMAL
AORTIC VALVE	: NORMAL
PULMONARY VALVE	: NORMAL
TRICUSPID VALVE	: NORMAL
INTER ATRIAL SEPTUM	: INTACT
INTER VENTRICULAR SEPTUM	: INTACT
PERICARDIUM	: NORMAL
OTHERS	: - NIL

IMPRESSION

- NO REGIONAL WALL MOTION ABNORMALITY PRESENT
- NORMAL VALVES AND DIMENSIONS
- NORMAL LV FUNCTION, LVEF- 60%
- MILD TR / MILD PAH
- NO CLOT / VEGETATION / EFFUSION



ECHO TECHNICIAN

The science of radiology is based upon interpretation of shadows of normal and abnormal tissue. This is neither complete nor accurate; hence, findings should always be interpreted in to the light of clinico-pathological correction.



NAME AND LAB NO	MR KUMAR MAUSUM RANA	REG-40039
AGE & SEX	37 YRS	MALE
DATE AND AREA OF INTEREST	27.01.2024	ABDOMEN & PELVIS
REF BY	C/ O APOLO CLINIC	

USG ABDOMEN AND PELVIS

LIVER: Measures 13.0 cm. Normal in size an echotexture.
Focal hype echoic lesion measuring 1.6 x1.4 cm
No e/o IHBR dilatation. Portal vein appears normal.
CBD appears normal. No e/o calculus

GALL BLADDER: Well distended. Wall appears normal.No e/o calculus/ neoplasm.

SPLEEN: Measures 8.5 cm. Normal in size and echotexture. No e/o SOL/ calcification.

PANCREAS: Normal in size and echotexture.
Pancreatic duct appears normal. No e/o calculus / calcifications.

RETROPERITONEUM: Poor window.

RIGHT KIDNEY: Right kidney measures 10. 4x4.4 cm ,is normal in size & echotexture.
Shows two calculi largest measuring 4-5 mm in the upper pole .
No evidence of hydronephrosis.
No solid / cystic lesions.

LEFT KIDNEY: Left kidney measures 11.0 x4.5 cm ,is normal in size & echotexture.
No evidence of calculus/ hydronephrosis.
No solid / cystic lesions.

URETERS: Bilateral ureters are not dilated.

URINARY BLADDER: Well distended. No wall thickening/ calculi.

PROSTATE: Normal in size volume 14 cc and echotexture.

- No evidence of ascites/pleural effusion.

IMPRESSION:

- > Hepatic hemangioma
- > Non obstructing right renal calculus .
 - Suggested clinical / lab correlation



DR PURNIMA PUJAR
MBBS MDRD



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Ref. By Dr.	: Dr. APOLO CLINIC			Result Date	: 27-Jan-2024 02:18 PM
Reg. No.	: 2701240039			Report Status	: Final
C/o	: Apollo Clinic				



Test Name	Result	Unit	Reference Value	Method
Complete Haemogram-Whole Blood EDTA				
Haemoglobin (HB)	14.10	g/dL	Male: 14.0-17.0 Female: 12.0-15.0 Newborn: 16.50 - 19.50	Spectrophotometer
Red Blood Cell (RBC)	4.47	million/cumm	3.50 - 5.50	Volumetric Impedance
Packed Cell Volume (PCV)	42.90	%	Male: 42.0-51.0 Female: 36.0-45.0	Electronic Pulse
Mean corpuscular volume (MCV)	96.10	fL	78.0- 94.0	Calculated
Mean corpuscular hemoglobin (MCH)	31.50	pg	27.50-32.20	Calculated
Mean corpuscular hemoglobin concentration (MCHC)	32.80	%	33.00-35.50	Calculated
Red Blood Cell Distribution Width SD (RDW-SD)	54.40	fL	40.0-55.0	Volumetric Impedance
Red Blood Cell Distribution CV (RDW-CV)	16.40	%	Male: 11.80-14.50 Female: 12.20-16.10	Volumetric Impedance
Mean Platelet Volume (MPV)	11.50	fL	8.0-15.0	Volumetric Impedance
Platelet	1.51	lakh/cumm	1.50-4.50	Volumetric Impedance
Platelet Distribution Width (PDW)	23.20	%	8.30 - 56.60	Volumetric Impedance
White Blood cell Count (WBC)	4700.00	cells/cumm	Male: 4000.0-11000.0 Female 4000.0-11000.0 Children: 6000.0-17500.0 Infants : 9000.0-30000.0	Volumetric Impedance



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Test Name	Result	Unit	Reference Value	Method
Neutrophils	64.80	%	40.0-75.0	Light scattering/Manual
Lymphocytes	29.40	%	20.0-40.0	Light scattering/Manual
Eosinophils	2.50	%	0.0-8.0	Light scattering/Manual
Monocytes	3.20	%	0.0-10.0	Light scattering/Manual
Basophils	0.10	%	0.0-1.0	Light scattering/Manual
Absolute Neutrophil Count	3.05	10 ³ /uL	2.0- 7.0	Calculated
Absolute Lymphocyte Count	1.38	10 ³ /uL	1.0-3.0	Calculated
Absolute Monocyte Count	0.15	10 ³ /uL	0.20-1.00	Calculated
Absolute Eosinophil Count	120.00	cells/cumm	40-440	Calculated
Absolute Basophil Count	0.00	10 ³ /uL	0.0-0.10	Calculated
Erythrocyte Sedimentation Rate (ESR)	2.0	mm/hr	Female : 0.0-20.0 Male : 0.0-10.0	Westergren

Peripheral Smear Examination-Whole Blood EDTA

Method: (Microscopy-Manual)

RBC'S : Normocytic Normochromic.
WBC'S : Are normal in total number, morphology and distribution.
Platelets : Adequate in number and normal in morphology.
No abnormal cells or hemoparasites are present.
Impression : Normocytic Normochromic Blood picture.



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Dr. Nithun Reddy C,MD,Consultant Pathologist



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Test Name	Result	Unit	Reference Value	Method
Fasting Urine Glucose-Urine	Negative		Negative	Dipstick/Benedicts (Manual)
Fasting Blood Sugar (FBS)-Plasma	100	mg/dL	60.0-110.0	Hexo Kinase

Comments: Glucose, also called dextrose, one of a group of carbohydrates known as simple sugars (monosaccharides). Glucose has the molecular formula $C_6H_{12}O_6$. It is found in fruits and honey and is the major free sugar circulating in the blood of higher animals. It is the source of energy in cell function, and the regulation of its metabolism is of great importance (fermentation; gluconeogenesis). Molecules of starch, the major energy-reserve carbohydrate of plants, consist of thousands of linear glucose units. Another major compound composed of glucose is cellulose, which is also linear. Dextrose is the molecule D-glucose. Blood sugar, or glucose, is the main sugar found in the blood. It comes from the food you eat, and it is body's main source of energy. The blood carries glucose to all of the body's cells to use for energy. Diabetes is a disease in which your blood sugar levels are too high. Usage: Glucose determinations are useful in the detection and management of Diabetes mellitus.

Note: Additional tests available for Diabetic control are Glycated Hemoglobin (HbA1c), Fructosamine & Microalbumin urine

Comments: Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying & brisk glucose absorption.

Probable causes : Early Type II Diabetes / Glucose intolerance, Drugs like Salicylates, Beta blockers, Pentamidine etc., Alcohol ,Dietary – Intake of excessive carbohydrates and foods with high glycemic index ? Exercise in between samples ? Family history of Diabetes, Idiopathic, Partial / Total Gastrectomy.

Post prandial Blood Glucose (PPBS)-Plasma	189	mg/dL	70-140	Hexo Kinase
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Test Name	Result	Unit	Reference Value	Method
Glycosylated Haemoglobin (HbA1c)-Whole Blood EDTA	6.20	%	Non diabetic adults : <5.7 At risk (Prediabetes) : 5.7 - 6.4 Diagnosing Diabetes : >= 6.5 Diabetes Excellent Control : 6-7 Fair to good Control : 7-8 Unsatisfactory Control : 8-10 Poor Control : >10	HPLC
Glycosylated Haemoglobin (HbA1c)				
Estimated Average Glucose(eAG)	131.23	mg/dL		Calculated

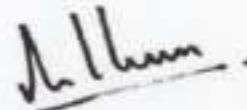
Note: 1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled.

2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

Comments: HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycaemic control as compared to blood and urinary glucose determinations.



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Test Name	Result	Unit	Reference Value	Method
LFT-Liver Function Test -Serum				
Bilirubin Total-Serum	0.86	mg/dL	0.2-1.0	Caffeine Benzoate
Bilirubin Direct-Serum	0.19	mg/dL	0.0-0.2	Diazotised Sulphanilic Acid
Bilirubin Indirect-Serum	0.67	mg/dL	Male: 0.0 - 1.10	Direct Measure
Aspartate Aminotransferase (AST/SGOT)-Serum	21.00	U/L	Male: 15.0 - 37.0	UV with Pyridoxal - 5 - Phosphate
Alanine Aminotransferase (ALT/SGPT)-Serum	28.00	U/L	Male: 16.0 - 63.0	UV with Pyridoxal - 5 - Phosphate
Alkaline Phosphatase (ALP)-Serum	90.00	U/L	Male: 45.0 - 117.0	PNPP,AMP-Buffer
Protein, Total-Serum	6.63	g/dL	6.40-8.20	Biuret/Endpoint-With Blank
Albumin-Serum	4.53	g/dL	Male: 3.40 - 5.50	Bromocresol Purple
Globulin-Serum	2.10	g/dL	2.0-3.50	Calculated
Albumin/Globulin Ratio-Serum	2.16	Ratio	0.80-1.20	Calculated
Gamma-Glutamyl Transferase (GGT)-Serum	28.00	U/L	Male: 15.0-85.0 Female: 5.0-55.0	Other g-Glut-3-carboxy-4 nitro



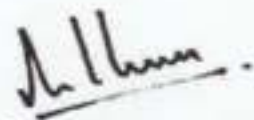
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Test Name	Result	Unit	Reference Value	Method
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Comments: Gamma-glutamyltransferase (GGT) is primarily present in kidney, liver, and pancreatic cells. Small amounts are present in other tissues. Even though renal tissue has the highest level of GGT, the enzyme present in the serum appears to originate primarily from the hepatobiliary system, and GGT activity is elevated in any and all forms of liver disease. It is highest in cases of intra- or posthepatic biliary obstruction, reaching levels some 5 to 30 times normal. GGT is more sensitive than alkaline phosphatase (ALP), leucine aminopeptidase, aspartate transaminase, and alanine aminotransferase in detecting obstructive jaundice, cholangitis, and cholecystitis; its rise occurs earlier than with these other enzymes and persists longer. Only modest elevations (2-5 times normal) occur in infectious hepatitis, and in this condition, GGT determinations are less useful diagnostically than are measurements of the transaminases. High elevations of GGT are also observed in patients with either primary or secondary (metastatic) neoplasms. Elevated levels of GGT are noted not only in the sera of patients with alcoholic cirrhosis but also in the majority of sera from persons who are heavy drinkers. Studies have emphasized the value of serum GGT levels in detecting alcohol-induced liver disease. Elevated serum values are also seen in patients receiving drugs such as phenytoin and phenobarbital, and this is thought to reflect induction of new enzyme activity.



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Test Name	Result	Unit	Reference Value	Method
Lipid Profile-Serum				
Cholesterol Total-Serum	103.00	mg/dL	Male: 0.0 - 200	Cholesterol Oxidase/Peroxidase Lipase/Glycerol Dehydrogenase Accelerator/Selective Detergent
Triglycerides-Serum	149.00	mg/dL	Male: 0.0 - 150	Calculated
High-density lipoprotein (HDL) Cholesterol-Serum	46.00	mg/dL	Male: 40.0 - 60.0	Cholesterol esterase and cholesterol oxidase
Non-HDL cholesterol-Serum	57	mg/dL	Male: 0.0 - 130	Calculated
Low-density lipoprotein (LDL) Cholesterol-Serum	72.00	mg/dL	Male: 0.0 - 100.0	Calculated
Very-low-density lipoprotein (VLDL) cholesterol-Serum	30	mg/dL	Male: 0.0 - 40	Calculated
Cholesterol/HDL Ratio-Serum	2.24	Ratio	Male: 0.0 - 5.0	Calculated

Interpretation:

Parameter	Desirable	Borderline High	High	Very High
Total Cholesterol	<200	200-239	>240	
Triglycerides	<150	150-199	200-499	>500
Non-HDL cholesterol	<130	160-189	190-219	>220
Low-density lipoprotein (LDL) Cholesterol	<100	100-129	160-189	>190

Comments: As per Lipid Association of India (LAI), for routine screening, overnight fasting preferred but not mandatory. Indians are at very high risk of developing Atherosclerotic Cardiovascular (ASCVD). Among the various risk factors for ASCVD such as dyslipidemia, Diabetes Mellitus, sedentary lifestyle, Hypertension, smoking etc., dyslipidemia has the highest population attributable risk for MI both because of direct association with disease pathogenesis and very high prevalence in Indian population. Hence monitoring lipid profile regularly for effective management of dyslipidemia remains one of the most important healthcare targets for prevention of ASCVD. In addition, estimation of ASCVD risk is an essential, initial step in the management of individuals requiring primary prevention of ASCVD. In the context of lipid management, such a risk estimate forms the basis for several key therapeutic decisions, such as the need for and aggressiveness of statin therapy.



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Dr. Nishu Reddy C, MD, Consultant Pathologist

SCAN FOR LOCATION



Name	: MR. KUMAR MAUSUM RANA	UHID	: 2701240039	Bill Date	: 27-Jan-2024 09:24 AM
Age / Gender	: 37 years / Male			Sample Col. Date	: 27-Jan-2024 09:24 AM
Ref. By Dr.	: Dr. APOLO CLINIC			Result Date	: 27-Jan-2024 02:18 PM
Reg. No.	: 2701240039			Report Status	: Final
C/o	: Apollo Clinic				

Test Name	Result	Unit	Reference Value	Method
KFT (Kidney Function Test) :				
Blood Urea Nitrogen (BUN)-Serum	13.50	mg/dL	7.0-18.0	GLDH,Kinetic Assay
Creatinine-Serum	1.05	mg/dL	Male: 0.70-1.30	Modified kinetic Jaffe
Uric Acid-Serum	3.98	mg/dL	Female: 0.55-1.02 Male: 3.50-7.20	Uricase PAP
Sodium (Na+)-Serum	140.2	mmol/L	Female: 2.60-6.00 135.0-145.0	Ion-Selective Electrodes (ISE)
Potassium (K+)-Serum	4.02	mmol/L	3.5 to 5.5	Ion-Selective Electrodes (ISE)
Chloride(Cl-)-Serum	97.20	mmol/L	94.0-110.0	Ion-Selective Electrodes (ISE)
Calcium,Total- Serum	9.70	mg/dL	8.50-10.10	Spectrophotometry (O-Cresolphthalein complexone)

Blood Group & Rh Typing-Whole Blood EDTA

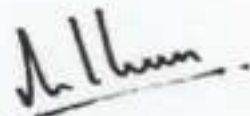
Blood Group	O	Slide/Tube agglutination
Rh Type	Positive	Slide/Tube agglutination

Note: Confirm by tube or gel method.

Comments: ABO blood group system, the classification of human blood based on the inherited properties of red blood cells (erythrocytes) as determined by the presence or absence of the antigens A and B, which are carried on the surface of the red cells. Persons may thus have type A, type B, type O, or type AB blood.



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Test Name	Result	Unit	Reference Value	Method
Thyroid function tests (TFT)-Serum				
Tri-Iodo Thyronine (T3)-Serum	0.84	ng/mL	Male: 0.60 - 1.81	Chemiluminescence Immunoassay (CLIA)
Thyroxine (T4)-Serum	5.56	µg/dL	Male: 5.50 - 12.10	Chemiluminescence Immunoassay (CLIA)
Thyroid Stimulating Hormone (TSH)-Serum	2.02	µIU/mL	Male: 0.35 - 5.50	Chemiluminescence Immunoassay (CLIA)

Comments: Triiodothyronine (T3) assay is a useful test for hyperthyroidism in patients with low TSH and normal T4 levels. It is also used for the diagnosis of T3 toxicosis. It is not a reliable marker for Hypothyroidism. This test is not recommended for general screening of the population without a clinical suspicion of hyperthyroidism.

Reference range: Cord: (37 Weeks): 0.5-1.41, Children: 1-3 Days: 1.0-7.40, 1-11 Months: 1.05-2.45, 1-5 Years: 1.05-2.69, 6-10 Years: 0.94-2.41, 11-15 Years: 0.82-2.13, Adolescents (16-20 Years): 0.80-2.10

Reference range: Adults: 20-50 Years: 0.70-2.04, 50-90 Years: 0.40-1.81,

Reference range in Pregnancy: First Trimester : 0.81-1.90, Second Trimester : 1.0-2.60

Increased Levels: Pregnancy, Graves disease, T3 thyrotoxicosis, TSH dependent Hyperthyroidism, increased Thyroid-binding globulin (TBG).

Decreased Levels: Nonthyroidal illness, hypothyroidism, nutritional deficiency, systemic illness, decreased Thyroid-binding globulin (TBG).

Comments: Total T4 levels offer a good index of thyroid function when TBG is normal and non-thyroidal illness is not present. This assay is useful for monitoring treatment with synthetic hormones (synthetic T3 will cause low total T4). It also helps to monitor treatment of Hyperthyroidism with Thiouracil or other anti-thyroid drugs.

Reference Range: Males : 4.6-10.5, Females : 5.5-11.0, > 60 Years: 5.0-10.70, Cord : 7.40-13.10, Children: 1-3 Days : 11.80-22.60, 1-2 Weeks : 9.90-16.60, 1-4 Months: 7.20-14.40, 1-5 Years : 7.30-15.0, 5-10 Years: 6.4-13.3

1-15 Years: 5.60-11.70, Newborn Screen: 1-5 Days: >7.5, 6 Days : >6.5

Increased Levels: Hyperthyroidism, increased TBG, familial dysalbuminemic hyperthyroxinemia, Increased transthyretin, estrogen therapy, pregnancy.

Decreased Levels: Primary hypothyroidism, pituitary TSH deficiency, hypothalamic TRH deficiency, non thyroidal illness, decreased TBG.

Comments: TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH is a labile hormone & is secreted in a pulsatile manner throughout the day and is subject to several non-thyroidal pituitary influences. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, caloric intake, medication & circulating antibodies. It is important to confirm any TSH abnormality in a fresh specimen drawn after ~ 3 weeks before assigning a diagnosis, as the cause of an isolated TSH abnormality.

Reference range in Pregnancy: I- trimester: 0.1-2.5; II -trimester: 0.2-3.0; III- trimester: 0.3-3.0

Reference range in Newborns: 0-4 days: 1.0-39.0; 2-20 Weeks: 1.7-9.1

Increased Levels: Primary hypothyroidism, Subclinical hypothyroidism, TSH dependent Hyperthyroidism and Thyroid hormone resistance.

Decreased Levels: Graves disease, Autonomous thyroid hormone secretion, TSH defi



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Ref. By Dr.	: Dr. APOLO CLINIC			Result Date	: 27-Jan-2024 03:33 PM
Reg. No.	: 2701240039			Report Status	: Final
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Test Name	Result	Unit	Reference Value	Method
Post Prandial Urine Sugar	Positive(++)		Negative	Dipstick/Benedicts(Ma



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