

**Annexure-2**

**Self-Health Declaration**

(Please ✓ Mark Where Applicable)



**1 PERSONAL DETAILS:**

Name: Anil First Name Sampat Middle Name Katole Surname

Address: Flat No - 112, Shivdarshan CHS, Mangaham Pehol Pump  
Bhandup West

City: Mumbai Pin: 400078

Birth Place: Paradh Birth Date: 07/07/1984 Religion: Hindu  
(dd/mm/yyyy)

Post applied for: \_\_\_\_\_ Marital Status: Married /  Unmarried Gender: M /  F

**2 PREVIOUS EMPLOYMENT:** Yes / No If yes specify

Name	Nature of work	Duration
i)		
ii)		
iii)		

**3 NAME OF FAMILY DOCTOR:**

Address:

Contact Details:

**4 PERSONAL HABITS:**

- i) Smoking
- ii) Tobacco chewing
- iii) Alcohol
- iv) Any other

**5 MEDICAL HISTORY:**

i) **ANY DISABILITY:**  Yes /  No If yes specify with disability %

ii) **PERSONAL HISTORY:**

Are you in good health and capable of full work

Have you ever suffered from job related disease or injury?

Have you ever been discharged or rejected on medical grounds?

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

Types of Previous Occupation (Pl. describe in brief about company, nature of work, duration in years)

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iii) **Have you ever suffered from any of the following** (Answer **Yes** or **No**. if yes, give details)

Y	N		Y	N	
<input type="checkbox"/>	<input type="checkbox"/>	Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis-B
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Cancer
<input type="checkbox"/>	<input type="checkbox"/>	Heart disease	<input type="checkbox"/>	<input type="checkbox"/>	Stroke
<input type="checkbox"/>	<input type="checkbox"/>	Kidney diseases	<input type="checkbox"/>	<input type="checkbox"/>	Bronchitis
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	Any allergy
<input type="checkbox"/>	<input type="checkbox"/>	Chronic lung disease (e.g. Pleurisy Pneumonia etc.)	<input type="checkbox"/>	<input type="checkbox"/>	Any chronic ear or hearing problem (e.g. sinusitis, rhinitis otitis etc.)
<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy, Fits, Fainting or Dizziness	<input type="checkbox"/>	<input type="checkbox"/>	Mental disorder of any kind
<input type="checkbox"/>	<input type="checkbox"/>	Any major operation or injury	<input type="checkbox"/>	<input type="checkbox"/>	Any other illness

Details of the above if "Yes") in 2010 I was suffer due to TB.

(For female candidates only)

Are you pregnant at present?  Y  N

Date of L.M.P.                     

iv) **Immunization:** Yes No

Tetanus Toxoid	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>
Others	<input type="checkbox"/>	<input type="checkbox"/>

**6 FAMILY HISTORY:**

Has anyone of your parents suffered from any of the following: Yes / No

(If yes, Please ✓ Mark Where Applicable)

	Father	Mother
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>
Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
Any other Disease	<input type="checkbox"/>	<input type="checkbox"/>

	IF LIVING		IF DEAD	
	AGE	HEALTH (Good, Bad, Fair)	AGE AT DEATH	CAUSE OF DEATH
Father	65	Good		
Mother	60	Good		
Spouse	30	Good		
Children-1				
Children -2				

7 I declare that the above statements are true and complete to the best of my knowledge and belief. In case this information is found to be false by the company, then the company reserves the right to terminate my services without giving any notice. I agree that the results of this medical examination in general terms may be revealed to the company if required. I also fully understand that in case I am declared medically unfit due to any reason, I shall not be entitled for the employment in the company. However, the decision taken by recruitment committee about my medical fitness will be final and binding to me.

Date: 15/06/2023

  
 (Signature of Candidate)

**Annexure-3**

**Pre-Employment Medical Assessment**

(All details given below will be filled by examine physician & treated as confidential)  
(Please ✓ Mark Where Applicable)

**1 Personal Habits:**

- i) Smoking
- ii) Tobacco chewing
- iii) Alcohol
- iv) Any other

**2 Medical History:**

i) **Any Disability:** Yes / No If yes specify with disability %

ii) **Personal History:**

*N.d*

iii) **Known case of or past history of**

*tuberculosis in 2010 (Rx → 3 months)*

iv) **Immunization:** Yes No

Tetanus Toxoid	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hepatitis B	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Others	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*COVID-19 doses*

v) **Family History:**

Has anyone of parents suffered from

<input type="checkbox"/> Hypertension	<input checked="" type="checkbox"/> Diabetes ( <i>Father</i> )
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> Cancer	<input type="checkbox"/> Epilepsy
	<input type="checkbox"/> Any other Disease

**3 Physical Examination:**

- i) Build: Poor / Average / Strong Skin: N  
 ii) Throat: N Tonsils: N Thyroid: N Lymph nodes:  
 iii) Teeth & Gums: HA\* caries ongoing Tongue:  
 iv) Height 165 cms Weight 70 kg BMI 25.7  
 v) Identification marks:

IPD -> mole on left side

**1 Vision (To be checked by eye specialist):**

General Eye examination: \_\_\_\_\_

		Rt	Lt	Colour Vision (Pls ✓ Mark Applicable)
Visual Acuity	Distance	<input type="checkbox"/>	<input type="checkbox"/>	Normal Colour vision <input checked="" type="checkbox"/>
	Near	<input type="checkbox"/>	<input type="checkbox"/>	Total colour deficiency <input type="checkbox"/>
Corrected Vision	Distance	<u>6/6</u>	<u>6/6</u>	Partial Colour Deficiency <input type="checkbox"/>
	Near	<u>NS</u>	<u>NS</u>	
Power of lens	Spherical	<input type="checkbox"/>	<input type="checkbox"/>	If partial - pl. mention _____
	Cylindrical	<input type="checkbox"/>	<input type="checkbox"/>	
	Axis	<input type="checkbox"/>	<input type="checkbox"/>	

	Yes	No
Squint	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Nystagmus	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Night Blindness	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Any other eye disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If yes pl. give details \_\_\_\_\_

*GENERAL PHYSICIAN*



Signature & Seal of Ophthalmologist



**5 Hearing:**

External Examination: Rt N Lt N  
Rinne's Test: neg Weber's Test: MS  
Conversational Hearing/ Whispering: \_\_\_\_\_  
Audiometry (Comment): \_\_\_\_\_  
dB Right Ear \_\_\_\_\_ dB Left Ear \_\_\_\_\_

**6 Cardio-vascular System:**

Pulse-Rate 78 /min Blood Pressure 130 80 mm hg  
Sys Dia  
Heart Sounds N Murmur  Present  Absent Details if present \_\_\_\_\_  
Character: Regular / Irregular \_\_\_\_\_

**7 Respiratory System:**

Shape of Chest: NAD Breath Sounds: \_\_\_\_\_

**8 Abdomen:**

Liver: N Spleen: N Any Abdominal Lump: Nil

**9 Genito Urinary System:**

Hernia: Nil Hydrocele/Varicocele: Nil

**10 Venereal Disease:**

**11 Special Conditions:** Flat feet Nil Varicose Veins Nil

**12 Nervous System:**

Pupillary Reaction: N Planter Reflex: N  
Knee Jerk Reflex: N Romberg Sign:  +ve  -ve

**13 Investigations:**

i) Urine: Sp. Gr. 1.010 Reaction 6.0 Albumin Absent Sugar Absent

Microscopic: pus cells 3-5/HP, RBC - 1-2/HP epithel - 1-2/HP

Blood: Haemoglobin 16.2 g% HbA1c 5.56 Bl. Gr.  +ve  -ve

ii) Chest X-ray: NAD.

iii) E.C.G: nm

iv) USG Whole Abdomen: \_\_\_\_\_

v) 2D Echo/TMT: \_\_\_\_\_

vi) PFT: FVC \_\_\_\_\_ FEV1 \_\_\_\_\_ FEV1/FVC % \_\_\_\_\_ PEFR \_\_\_\_\_

vii) Any other Investigations / clinical finding: \_\_\_\_\_

**14 COMMENTS AND RECOMMENDATIONS:**

(Pls ✓ Mark Applicable)

<input checked="" type="checkbox"/> Fit	<input type="checkbox"/> Unfit
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Remarks: \_\_\_\_\_

**Details of Examining Physician:**

Name: **Dr. PARAG A. PRADHAN**

Registration No.: \_\_\_\_\_ MBBS

Address: **Approved By DG Shipping (GOI)**

**Reg. No. (MMC) 51254**

**102-103-104, Gateway Plaza, Central**

**Avenue Road, Hiranandani Gardens,**

**Powai, Mumbai-400076**

**SEA BIRD MEDICARE CENTRE**

Signature with Seal of Examining Physician

**For office use only:**

Date of receipt of original documents: \_\_\_\_\_ PEM No.: \_\_\_\_\_

MDMS No: \_\_\_\_\_

Medically 

<input checked="" type="checkbox"/> Fit	<input type="checkbox"/> Temp. Unfit	<input type="checkbox"/> Unfit
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Special Remarks: \_\_\_\_\_



PID NO. : BFA0388

Name : ANIL SAMPAT KATOLE

Sex / Age : Male / 39 Years

Ref By : APOLLO HEALTH AND LIFESTYLE LIMITED

Reference :

**Sample Collected At :**

Sea Bird Medicare  
105-107 Gateway Plaza, Central Avenue, Hiranandani Gardens, Powai, Mumbai-400076

**Processing Location:** - Sea Bird Medicare  
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Reg. Date

15-Jun-2023 / 10:52 am

Coll Date

15-Jun-2023 / 10:57 am

Report Date

15-Jun-2023 / 4:54 pm

## REPORT

### Blood Group

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
<b>BLOOD GROUP</b>			
ABO Group	"O"		
RH (D)	Positive		

Method : Slide Method  
Sample: Whole Blood (EDTA)

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

DR.SANDIP M HUDDERAR  
MBBS, DCP

**Consultant Pathologist**

DR.DEBALA CHANU MAIBAM  
MBBS, MD (PATH)

**Head- Pathology**

Molly R  
Lab Technician



Page 1 of 13

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HO- Sea Bird Medicare Centre (ISO 9001:2015): A-101-102, Heritage Plaza, Teli Cross Lane, Andheri East (Nr. Station), Mumbai- 69. Tel: 022- 46032704

Powai: 022-25701053 / 25704157

Kochi: 0484- 2322022 / 4032022





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15-Jun-2023 / 4:55 pm

## REPORT

### BLOOD SUGAR

Test	Result	Units	BIOLOGICAL REFERENCE INTERVAL
Blood Glucose (Fasting), plasma (Plasma, Method- Hexokinase) NORMAL : 70 - 100 mg/dl Pre-Diabetic : 100 - 125 mg/dl Diabetic : >125 mg/dl (ON MORE THAN ONE OCCASION ) Reference : American diabetes association guidelines 2022	102.76	mg/dl	70.00 - 100.00 mg/dl
Urine Glucose (Fasting)	Absent		Absent
Urine Ketones (Fasting)	Absent		Absent
Blood Glucose (PP) plasma (Plasma, Method- Hexokinase) Non-Diabetic : 70 - 140 mg/dl Pre-Diabetic : 140 - 199 mg/dl Diabetic : >200 mg/dl (ON MORE THAN ONE OCCASION ) Reference : American diabetes association guidelines 2022	127.00	mg/dl	70.00 - 140.00
Urine Glucose (PP)	Absent		Absent
Urine Ketones (PP)	Absent		Absent

Test Done on Fully Automated Cobas C111 Analyser

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



DR. SANDIP M HUDDEDAR  
MBBS, DCP

Consultant Pathologist

DR. DEBALA CHANU MAIBAM  
MBBS, MD (PATH)

Head- Pathology



Molly R  
Lab Technician

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15-Jun-2023 /11:33 am

## REPORT

### Complete Blood Count

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Hemoglobin	16.2	gm/dl	13.0 -17.0
<b><u>RED BLOOD CELLS</u></b>			
R.B.C. Count	5.37	million / cumm	4.5- 5.5
PCV	47.5	%	40- 50
MCV	88.6	fL	83 - 101
MCH	30.2	pg	27 - 32
MCHC	34.1	gm / dl	31.5 - 34.5
RDW (CV)	12.9	%	11.6- 14.0
Total W.B.C. Count	6070	/cu.mm.	4000 - 10000
<b><u>DIFFERENTIAL COUNT</u></b>			
Neutrophils	53	%	40 - 80
Lymphocytes	40	%	20 - 40
Eosinophils	05	%	1 - 6
Monocytes	02	%	2 - 10
Basophils	00	%	0 - 1



MC - 5321

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## REPORT

### Complete Blood Count

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Platelet Count	246000	/cumm	150000 - 410000

#### MORPHOLOGY

RBC Morphology	Normocytic Normochromic
WBC Morphology	Normal
Platelets on Smear	Adequate on smear

(EDTA Whole Blood - Tests done Automated Three part cell counter (RBC, WBC, Platelets count by impedance, Haemoglobin by colorimetric Cyanmeth free method. Rest are calculated parameters. Microscopy is manual by Pathologist.)

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



DR. SANDIP M HUDDERAR  
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MC - 5321

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**Head- Pathology**

Molly R  
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## REPORT

### Erythrocyte Sedimentation Rate (ESR)

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
E.S.R	10	mm at 1hr	0 - 15

Method: Wintrobe . Sample: Whole Blood (EDTA)

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

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**Head- Pathology**



*Molly R*  
Molly R  
Lab Technician





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## REPORT

### Glycosylated Haemoglobin (HbA1c)

Test	Result	Units	BIOLOGICAL REFERENCE INTERVAL
HbA1c	5.56	%	< 5.7
Non-diabetic : $\leq 5.7$ % Pre-Diabetic : 5.7 - 6.4 % Diabetic : $> 6.5$ % (EDTA Whole Blood, Turbidimetric)			
Mean Blood Glucose (MBG)	120.64	mg/dl	

#### Interpretation & Remark:

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
- HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association guideline 2022, for diagnosis of diabetes using a cut-off points of 6.5 %.
- Trends in HbA1c are a better indicator of diabetic control than a solitary test.
- Low glycated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
- To estimate the eAG from the HbA1C value, the following equation is used :  $eAg(mg/dl) = 28.7 * A1c - 46.7$ .
- Interference of Haemoglobinopathies in HbA1c estimation.
  - For Hb > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
  - Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status.
  - Heterozygous state detected (D10/ Tasha G8 is corrected for HbS and HbC trait).
- In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control.
  - Excellent Control - 6 to 7 %
  - Fair to Good Control - 7 to 8 %
  - Unsatisfactory Control - 8 to 10 %
  - and Poor Control - More than 10 %

Note : Hemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy.

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



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**REPORT**

**LFT**

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Sr. Alkaline Phosphatase (Serum, AMP Buffer IFCC) Test Done on Fully Automated Cobas C111 Analyser	65	U/L	40 - 129

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



MC - 5321

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15-Jun-2023 / 5:01 pm

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Report Date

15-Jun-2023 / 5:02 pm

## REPORT

### Lipid Profile

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Total Cholesterol	136	mg/dl	Upto 240
Method: CHOD-PAP			
Triglycerides	<b>296</b>	mg/dl	0 - 150
Method: GPO-PAP			
HDL Cholesterol-Direct	38	mg/dl	35 - 55
Method: Cholesterol-esterase-Direct			
LDL Cholesterol	38.80	mg/dl	<100
Calculated			
VLDL-Cholesterol	<b>59.20</b>	mg/dl	10 - 40
Calculated			
CHO/HDLC Ratio	3.58		Upto 5.0
Calculated			
LDLC/HDLC Ratio	<b>1.02</b>		2.5 - 3.5
Calculated			

Desirable Cholestrol Level : <200 mg/dl  
Bordeline High Cholestrol : 200-239 mg/dl

Test Done on Fully Automated Cobas C111 Analyser  
Sample: Serum

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



MC - 5321

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*Debala*

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*Molly R*

Molly R  
Lab Technician



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## REPORT

### Liver Function Tests

Test	Result	Units	BIOLOGICAL REFERENCE INTERVAL
S.G.O.T. (Serum, Method-IFCC / UV without P5P)	23.7	U/L	0 - 40
S.G.P.T. (Serum, Method- IFCC / UV without P5P)	30.1	U/L	0 - 41.0
GGT (Serum, Method- IFCC Method)	22	U/L	8 - 61
Bilirubin (Total) (Serum, Method-Diazo- End point)	0.86	mg/dl	0.0 - 1.20
Bilirubin (Direct) (Serum, Method-Diazo-End point)	0.35	mg/dl	0.0 - 0.30
Bilirubin (Indirect) Calculated	0.51	mg/dl	0.0 - 0.90
Total Proteins (serum, Method-Biuret)	7.2	g/dl	6.6 - 8.7
Albumin (Serum, Method-Bromocresol Green)	4.9	g/dl	3.5 - 5.2
Globulin Calculated	2.30	g/dl	1.90 - 3.70
A/G ratio Calculated	2.13		

Test Done on Fully Automated Cobas C111 Analyser

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



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105-107 Gateway Plaza, Central Avenue, Hiranandani Gardens, Powai, Mumbai-400076

**Processing Location:** - Sea Bird Medicare  
105-107 Gateway Plaza, Central Avenue, Hiranandani Gardens, Powai, Mumbai-400076

Reg. Date

15-Jun-2023 / 10:52 am

Coll Date

15-Jun-2023 / 10:57 am

Report Date

15-Jun-2023 / 4:58 pm

**REPORT**

**RENAL PROFILE**

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Blood Urea Method-Urease	15.77	mg/dl	16.6- 48.5 mg/dl
Blood Urea Nitrogen Method-Urease	7.36	mg/dl	06 - 20 mg/dl
Creatinine Method-Kinetic Jaffes	0.76	mg/dL	0.7 - 1.2 mg/dl
Uric Acid Method: Uricase-POD	7.9	mg/dl	3.4 - 7.0

Test Done on Fully Automated Cobas C111 Analyser

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



DR.SANDIP M HUDDERAR  
MBBS, DCP

**Consultant Pathologist**

MC - 5321

*Debala*

DR.DEBALA CHANU MAIBAM  
MBBS, MD (PATH)

**Head- Pathology**

*Molly R*



Molly R  
Lab Technician





PID NO. : BFA0388  
Name : ANIL SAMPAT KATOLE  
Sex / Age : Male / 39 Years  
Ref By : APOLLO HEALTH AND LIFESTYLE LIMITED

Reference :  
**Sample Collected At :**  
Sea Bird Medicare  
105-107 Gateway Plaza, Central Avenue, Hiranandani Gardens, Powai, Mumbai-400076  
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15-Jun-2023 / 10:52 am  
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15-Jun-2023 / 10:57 am  
Report Date  
15-Jun-2023 / 4:59 pm

## REPORT

### THYROID FUNCTION TEST

Test	Result	Units	BIOLOGICAL REFERENCE INTERVAL
TSH	2.44	µIU/ml	0.25-5 µIU/ml
T3	1.01	nmol/l	0.92-2.33 nmol/l
T4	65.94	nmol/l	60-120 nmol/l

The assay principle combines an enzyme immunoassay competition method with a final fluorescent detection (ELFA).

#### INTERPRETATION

TSH : A high TSH result often means an under active thyroid gland that is not responding adequately to the stimulation of TSH due to some type of acute or chronic thyroid dysfunction. A high TSH value can also occur when someone with a known thyroid disorder or who has had their thyroid gland removed is receiving too little thyroid hormone medication. A low TSH result can indicate an over active thyroid gland (hyperthyroidism) or excessive amounts of thyroid hormone medication in those who are being treated for an under active (or removed) thyroid gland. An abnormal TSH test result is usually followed by additional testing to investigate the cause of the increase or decrease.

T3: Triiodothyronine T3 contributes significantly to the maintenance of the euthyroid state, and the total T3 concentration has a role in screening for thyroid disease in conjunction with other tests. T3 alone cannot diagnose hypothyroidism, but it may be more sensitive than thyroxine (T4) for hyperthyroidism.

T4 :Thyroxine accounts for at least 90% of circulating protein-bound iodine. While >99.9% of T4 is protein-bound, primarily to thyroglobulin (TBG), it is the free fraction that is biologically active. In most patients the total T4 level is a good indicator of thyroid status, however it can sometimes be inadequate, and diagnostic efficiency may be improved by use of a total T4 test in conjunction with other tests.

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

DR.SANDIP M HUDDERAR  
MBBS, DCP

**Consultant Pathologist**

DR.DEBALA CHANU MAIBAM  
MBBS, MD (PATH)

**Head- Pathology**







PID NO. : BFA0388

Name : ANIL SAMPAT KATOLE

Sex / Age : Male / 39 Years

Ref By : APOLLO HEALTH AND LIFESTYLE LIMITED

Reference :

**Sample Collected At :**

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Reg. Date

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15-Jun-2023 /10:57 am

Report Date

15-Jun-2023 / 5:01 pm

**REPORT**

**URINE ANALYSIS**

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
<b><u>PHYSICAL EXAMINATION</u></b>			
Colour	Pale Yellow		Pale Yellow
Quantity	30 ml	ml	20 - 50
Appearance	Clear		Clear
Reaction (pH)	6.0		5.0 - 9.0
Specific Gravity	1.010		1.000 - 1.030
<b><u>CHEMICAL EXAMINATION</u></b>			
Proteins	Absent		Absent
Sugar	Absent		Absent
Ketone Bodies	Absent		Absent
Bile Salts	Absent		Absent
Bile Pigment	Absent		Absent
Urobilinogen	Normal	mg/dl	Normal (0.1 - 1.0 mg/dl)
Ocult Blood	Absent		Absent

**MICROSCOPIC EXAMINATION**



MC - 5321

DR. SANDIP M HUDDERAR  
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*Debala*

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MBBS, MD (PATH)

**Head- Pathology**

*Molly R*

**Molly R**  
Lab Technician



*Proudly... Caring For You*

This is computer generated medical diagnostics report that has been validated by an Authorized Medical Practitioner/Doctor. The report does not need physical signature. Results relate only to the sample as received. Refer to conditions of reporting overleaf.

HO- Sea Bird Medicare Centre (ISO 9001:2015): A-101-102, Heritage Plaza, Teli Cross Lane, Andheri East (Nr. Station), Mumbai- 69. Tel: 022- 46032704

Powai: 022-25701053 / 25704157

Kochi: 0484- 2322022 / 4032022



PID NO. : BFA0388

Name : ANIL SAMPAT KATOLE

Sex / Age : Male / 39 Years

Ref By : APOLLO HEALTH AND LIFESTYLE LIMITED

Reference :

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15-Jun-2023 / 5:01 pm

## REPORT

### URINE ANALYSIS

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Pus Cells	3 - 5 / hpf		2 - 3 / hpf
Red Blood Cells	1-2 / hpf		Absent
Epithelial cells	1 - 2 / hpf		2 - 3 / hpf
Casts	Absent		Absent
Crystals	Absent		Absent
Other Findings	Absent		

**METHOD:**

Physical Examination : Visual Strip Method.

Chemical Examination : Bilirubin(Azo-coupling), Blood(Peroxidase), Glucose(Specific glucose-oxidase/peroxidase reaction), Ketone(Rothera's test), Leukocytes(Reflectance Photometer(Leucocyte esterase)), Nitrite(Diazotization), pH(Double Indicator), Protein(Protein Error of Indicators), Specific Gravity(Refractometric method), Urobilinogen(Ehrlich).

Microscopy Examination : Automation/Manual Microscopy.

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



MC - 5321

DR.SANDIP M HUDDER  
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**Consultant Pathologist**

*Debala*

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MBBS, MD (PATH)

**Head- Pathology**



Molly R  
Lab Technician

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*Anil Sampat Katole*





*Sea Bird*  
**Sea Bird Medicare Centre**

Report ID : **ASKM156125752** Reg. : **15-Jun-2023**  
Patient Name : **Mr. ANIL SAMPAT KATOLE** Report Date : **15-Jun-2023**  
Rank : Company Name : **M/S. APOLLO HEALTH AND LIFESTYLE**  
Ref By : **DR.PARAG ARVIND PRADHAN** Age/Sex : **38 Year / Male**

**CHEST X RAY REPORT**

X-Ray No : 1895

Investigation : Chest PA View.

Bony thoracic cage is normal.

Cardiac silhouette appears normal in size and configuration.

Both lungs shows equal translucency and normal vasculature.

Both Hemidiaphragm visualised normal.

No evidence of any active parenchymal lesion seen.

**Impression :**

**Normal Chest X-Ray.**

  
Dr. Jacob  
Mathew MD

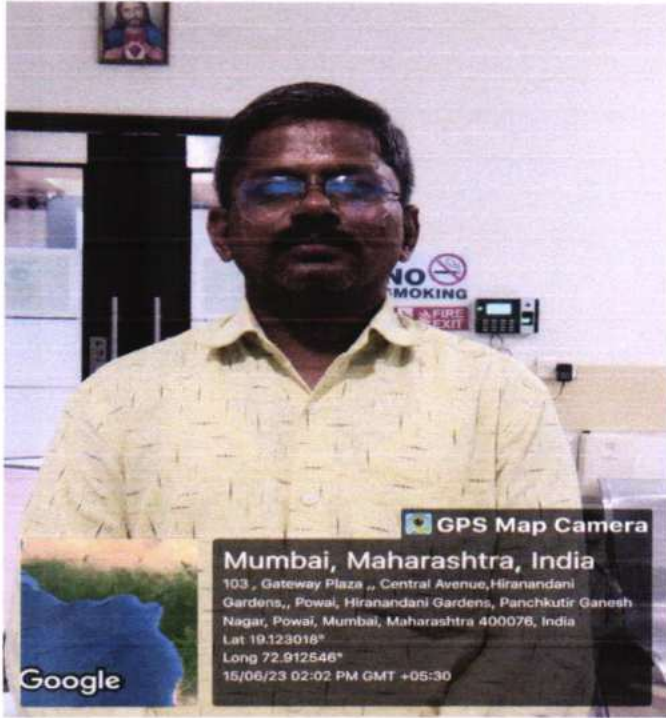
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Website: [www.seabirdhf.com](http://www.seabirdhf.com) | Email: [seabird@seabirdhf.com](mailto:seabird@seabirdhf.com)



ANIL KATOLE