

Patient Name	Ravindra B. Patil	Date	28/9/2024
Age	53	UHID No	
Sex	male	Ref By	
Occupation		Phone No	982825803
		Email	

HEALTH ASSESSMENT FORM

A - GENERAL EXAMINATION

CHIEF COMPLAINTS	Hypothyroidism !! 4-5 months				
PAST HISTORY					
MEDICAL HISTORY	Hypertension	Asthama	Heart Disease	Thyroid Disorder	Allergy
	No	No	No	Yes Hypo	No
	Diabetes	Stroke	Kidney Disorder	Tuberculosis	Liver Disorder
	No	No	No	Yes Tuberculosis 15 yrs back (ART taken)	No
SURGICAL HISTORY	Piles	Fissures	Fistula	Hernia	Gall Bladder Stone
	No	No	No	No	Renal calculi 4-5 yrs back laser done
CURRENT MEDICATIONS	Sr. No	Complaints	Dosage	Duration	

+ Enoxin 75mcg (once daily)

NAME	Rajendra Palan	Weight	24.6 kg
BP	140/90 152/90 mmHg	Height	164cm
Pulse	62 bpm	SPO2	
Temperature	Afebrile	Peripheral Pulses	Palpable
Oedema	⊖	Breath Sound	AEBE
Heart Sound	S3 heard		

BMI - 27.7

B - SYSTEMIC EXAMINATION

FILL YES/NO

CONSTITUTIONAL		GENITOURINARY SYSTEM	
Fever	↓ No	Frequency of urine	↓ No
Chills	↓ No	Blood in urine	↓ No
Recent weight gain	↓ No	Incomplete empty of bladder	↓ No
EYES		Nycturia	↓ No
Eye pain	↓ Refractive	Dysuria	↓ No
Spots before eyes	↓ minor for near vision	Urge Incontinence	↓ No
Dry eyes	↓ 1 up above	OBS/GYNE.	
Wearing glasses	↓ 1 up above	Abnormal bleed	↓ No
Vision changes	↓ 1 up above	Vaginal Discharge	↓ No
Itchy eyes	↓ No	Irregular menses	↓ No
EAR/NOSE/THROAT		Midcycle bleeding	↓ No
Earaches	↓ No	MUSCULOSKELETAL	
Nose bleeds	↓ No	Joint swelling	↓ No
Sore throat	↓ No	Joint pain	↓ No
Loss of hearing	↓ No	Limb swelling	↓ No
Sinus problems	↓ No	Joint stiffness	↓ No
Dental problems	↓ No	INTEGUMENTARY(SKIN)	
CARDIOVASCULAR		Acne	↓ No
Chest pain	↓ No	Breast pain	↓ No
Heart rate is fast/slow	↓ No	Change in mole	↓ No
Palpitations	↓ No	Breast	↓ No
Leg swelling	↓ No	NEUROLOGICAL	
RESPIRATORY		Confused	↓ No
Shortness of breath	↓ No	Sensation in limbs	↓ No
Cough	↓ No	Migraines	↓ No
Orthopnoea	↓ No	Difficulty walking	↓ No
Wheezing	↓ No	PSYCHIATRIC	
Dyspnoea	↓ No	Suicidal	↓ No
Respiratory distress in sleep	↓ No	Change in personality	↓ No
GASTROINTESTINAL		Anxiety	↓ No
Abdominal pain	↓ No	Sleep Disturbances	↓ No
Constipation	↓ No	Depression	↓ No
Heartburn	↓ No	Emotional	↓ No
Vomiting	↓ No		
Diarrhoea	↓ No		
Melena	↓ No		

D - ASSESSMENT & RECOMMENDATIONS

NAME	REMARKS & ADVICE	FOLLOW UP
PHYSICIAN REVIEW		
DR SHILPA SINGH	Tab Ecosprin 75mg ¹⁰	AL-
	Monitor BP	
	Salt restricted diet-	

Sos CT Argin

DR. SHILPA SINGH
 MD (Physician) Russia D. Card
 Reg No.: MMC 2013/12/3680



भारत सरकार



आधार

भारत सरकार
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

नामांकन क्रम / Enrollment No. : 0648/18970/05394

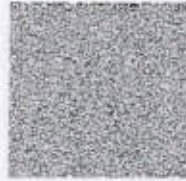
To
Ravindra Bhagoji Palav

C/O: Bhagoji Ramchandra Palav,
Aim Residency A Wing 14th Floor Flat No 1403,
Natwar Nagar Road No 5,
Jogeshwari East,
VTC: Mumbai, PO: Jogeshwari East,
Sub District: Andheri, District: Mumbai Suburban,
State: Maharashtra, PIN Code: 400060,
Mobile: 9821825803

67648651



KC676486513FL



DR. SHILPA SINGH
MD (Physician) Russia D. Card
Reg No.: MMC 2013/12/3680

आपका आधार क्रमांक / Your Aadhaar No. :

3261 1102 6212

मेरा आधार, मेरी पहचान



भारत सरकार
Government of India



Issue Date: 23/10/2011



Ravindra Bhagoji Palav
DOB: 02/07/1971
Male

VRX HEALTHCARE PVT. LTD.
(Physio Lounge & Diagnolounge)
104-105, 1st Floor, Asmi Dreamz,
At Junction Of S.V. Road, & M. G. Road,
Goregaon (West), Mumbai- 400104.

3261 1102 6212

मेरा आधार, मेरी पहचान

x *R. M. Palav*



Name	: MR. RAVINDRA PALAV	UHID	: VRX-44487
Age/Gender	: 53 Years 2 Months /M	Registered On	: 28/09/2024 08:11
Referred By	: MEDIWHEEL	Collected On	: 28/09/2024 08:15
		Reported On	: 28/09/2024 13:19

Investigations	Observed Value	Bio. Ref. Interval	METHOD
CBC-COMplete BLOOD COUNT			
HAEMOGLOBIN	15.2	13.0 - 17.0 gm/dl	
RBC COUNT	5.09	4.5 - 5.5 Millions/Cmm	
PACKED CELL VOLUME	45.5	40.0 - 50.0 %	
MEAN CORP VOL (MCV)	89.39	83.0 - 101.0 fL	
MEAN CORP HB (MCH)	29.86	27 - 32 pg	
MEAN CORP HB CONC (MCHC)	33.41	31.5 - 34.5 g/dl	
RDW	12.4	11.6 - 14.0 %	
WBC COUNT	4.9	4.0 - 10.0 *1000/cmm	
NEUTROPHILS	60	40 - 80 %	
LYMPHOCYTES	33	20 - 40 %	
EOSINOPHILS	3	1 - 6 %	
MONOCYTES	4	2 - 10 %	
BASOPHILS	0		
PLATELETS COUNT	229	150 - 410 *1000/Cmm	
PLATELETS ON SMEAR	Adequate		
MPV	10.5	6.78 - 13.46 %	
PDW	16.3	9 - 17 %	
RBC MORPHOLOGY	NORMOCYTIC NORMOCHROMIC		

REMARKS

EDTA Whole Blood - Tests done on Fully Automated Analyzer. (Haemoglobin by Photometric and WBC, RBC, Platelet count by Impedance method, WBC differential by Floating Discriminator Technology and other parameters are calculated)
All Abnormal Haemograms are reviewed and confirmed microscopically. Differential count is based on approximately 10,000 cells.

INTERPRETATION

N. Jain

Dr. Vipul Jain
M.D.(PATH)

APPROVED BY

ENTERED BY - SANTOSH M

CHECKED BY - SNEHA G





Name	: MR. RAVINDRA PALAV	UHID	: VRX-44487
Age/Gender	: 53 Years 2 Months /M	Registered On	: 28/09/2024 08:11
Referred By	: MEDIWHEEL	Collected On	: 28/09/2024 08:15
		Reported On	: 28/09/2024 18:24

Investigations	Observed Value	Bio. Ref. Interval	METHOD
MEDIWHEEL FULL BODY ANNUAL PLUS ABOVE 50 MALE			
ESR	11	< 20 mm at the end of 1Hr.	WESTERGREIN
<p>INTERPRETATION <i>ESR(Erythrocyte Sedimentation Rate)-The ESR measures the time required for erythrocytes from a whole blood sample to settle to the bottom of a vertical tube. Factors influencing the ESR include red cell volume, surface area, density, aggregation, and surface charge. The ESR is a sensitive, but nonspecific test that is frequently the earliest indicator of disease. It often rises significantly in widespread inflammatory disorders due to infection or autoimmune mechanisms. Such elevations may be prolonged in localized inflammation and malignancies. Increased ESR: may indicate pregnancy, acute or chronic inflammation, tuberculosis, rheumatic fever, paraproteinemias, rheumatoid arthritis, some malignancies, or anemia. Decreased ESR: may indicate polycythemia, sickle cell anemia, hyperviscosity, or low plasma protein.</i></p>			
BLOOD GROUP	O POSITIVE		SLIDE AGGLUTINATION - FORWARD GROUPING

--- End of the Report ---

NRS Jain

Dr. Vipul Jain
M.D.(PATH)

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Referred By	: MEDIWHEEL	Collected On	: 28/09/2024 08:15
		Reported On	: 28/09/2024 14:51

Investigations	Observed Value	Bio. Ref. Interval	METHOD
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MEDIWHEEL FULL BODY ANNUAL PLUS ABOVE 50 MALE

FASTING BLOOD SUGAR			
FBS	88.7	< 100 mg/dl	GODPOD
URINE SUGAR	ABSENT		GODPOD
URINE KETONE	ABSENT		GODPOD

INTERPRETATION
SAMPLE : FLUORIDE, PLASMA
Plasma Glucose Fasting : Non-Diabetic : < 100 mg/dl
Diabetic : \geq 126 mg/dl
Pre-Diabetic : 100 – 125 mg/dl
Plasma Glucose Post Lunch : Non-Diabetic : < 140
Diabetic : \geq 200 mg/dl
Pre-Diabetic : 140- 199 mg/dl.
Random Blood Glucose : Diabetic : \geq 200 mg/dl
References : ADA(American Diabetic Association Guidelines 2016)
Technique : Fully Automated PENTRA C-200 Clinical Chemistry Analyser .
**All Test Results are subjected to stringent international External and Internal Quality Control Protocols



--- End of the Report ---

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Age/Gender	: 53 Years 2 Months /M	Registered On	: 28/09/2024 08:11
Referred By	: MEDIWHEEL	Collected On	: 28/09/2024 10:55
		Reported On	: 28/09/2024 18:23

Investigations	Observed Value	Bio. Ref. Interval	METHOD
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MEDIWHEEL FULL BODY ANNUAL PLUS ABOVE 50 MALE

PPBS

PPBS	128.8	< 140 mg/dl	GODPOD
URINE SUGAR	ABSENT		GODPOD
URINE KETONE	ABSENT		GODPOD

INTERPRETATION

SAMPLE : FLUORIDE, PLASMA

Plasma Glucose Fasting : Non-Diabetic : < 100 mg/dl

Diabetic : \geq 126 mg/dl

Pre-Diabetic : 100 – 125 mg/dl

Plasma Glucose Post Lunch : Non-Diabetic : < 140

Diabetic : \geq 200 mg/dl

Pre-Diabetic : 140- 199 mg/dl.

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UHID : AM10.2400000001
 Patient Name : MR. RAVINDRA PALAV
 Age : 53 Yrs
 Gender : MALE
 Ref. Doctor : SELF
 Client Name : DIAGNO LOUNGE(ADVANCED DIAGNOSTIC CENTRE)-GOREGAON

Bill No. : A077532
 Registered On : 28/09/2024,02:27 PM
 Collected On : 28/09/2024,02:30 PM
 Reported On : 29/09/2024,02:31 AM
 SampleID :

REPORT

Biochemistry

Test Name	Result	Unit	Biological Reference Interval
HbA1c (Glycylated Haemoglobin) WB-EDTA			
HbA1c (Glycylated Haemoglobin)	6.1	%	Normal <5.7 % Pre Diabetic 5.7 - 6.4 % Diabetic >6.5 % Target for Diabetes on therapy < 7.0 % Re-evaluation of therapy > 8.0 % Reference ADA Diabetic Guidelines 2013.

Method : HPLC (High Performance Liquid Chromatography)

Mean Blood Glucose 128.4 mg/dL

Method : Calculated

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

Scan to Validate



APARNA-JAIRAM
Entered By

Verified By

Dr Suvarna Deshpande
MD (Path)
Reg.No.83385

Dr Aparna Jairam
MD (Path)
Reg.No.76516

"Sample Processed At Asavlee Dr Aparna's Pathology Laboratory"





UHID : AM10.24000000001
 Patient Name : MR. RAVINDRA PALAV
 Age : 53 Yrs
 Gender : MALE
 Ref. Doctor : SELF
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 Reported On : 29/09/2024,02:31 AM
 SampleID : 

REPORT

Biochemistry

Test Name	Result	Unit	Biological Reference Interval
Corelation of A1C with average glucose			
A1C (%)	Mean Blood Glucose (mg/dl)		
6	126		
7	154		
8	183		
9	212		
10	240		
11	269		
12	298		

Interpretation :

- The HbA1c levels corelate with the mean glucose concentration prevailing in the course of Pts recent history (apprx 6-8 weeks) & therefore provides much more reliable information for glycemia control than the blood glucose or urinary glucose. This Methodology is better then the routine chromatographic methods & also for the daibetic pts.having HEMOGLBINOPATHIES OR UREMIA as Hb varaints and uremia does not INTERFERE with the results in this methodology.
- It is recommended that HbA1c levels be performed at 4 - 8 weeks during therapy in uncontrolled DM pts.& every 3 - 4 months in well controlled daibetics.
- Mean blood glucose (MBG) in first 30 days (0-30)before sampling for HbA1c contributes 50% whereas MBG in 90 - 120 days contribute to 10% in final HbA1c levels

Immunology

Test Name	Result	Unit	Biological Reference Interval
Total PSA	0.496	ng/mL	0.03 - 3.5

Method : ECLIA

Interpretation :

Serum PSA is a useful diagnostic tool for diagnosis of prostatic cancer. PSA levels should always be assessed in conjunction with the patient's medical history,clinical examination, prostatic acid phosphatase and radiological findings Elevated levels are indicative of pathologic conditions of prostatitis ,Benign hyperplasia or Prostatic adenocarcinoma Rate of the fall of PSA levels to non dectectable levels can occur following radiotherapy,hormonal therapy or radical surgical removal of the prostate & provides information of the success of treatment. Inflammation or trauma of prostate can lead to elevated PSA levels of varying magnitude and duration.

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Verified By

Dr Suvarna Deshpande
 MD (Path)
 Reg.No.83385

Aparna
 Dr Aparna Jairam
 MD (Path)
 Reg.No.76516

"Sample Processed At Asavlee Dr Aparna's Pathology Laboratory"





Name	: MR. RAVINDRA PALAV	UHID	: VRX-44487
Age/Gender	: 53 Years 2 Months /M	Registered On	: 28/09/2024 08:11
Referred By	: MEDIWHEEL	Collected On	: 28/09/2024 08:15
		Reported On	: 28/09/2024 14:51

Investigations	Observed Value	Bio. Ref. Interval	METHOD
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MEDIWHEEL FULL BODY ANNUAL PLUS ABOVE 50 MALE

Lipid Test

TOTAL CHOLESTEROL	231.6	130 - 200 mg/dl	
TRIGLYCERIDES	104.4	25 - 160 mg/dl	
HDL CHOLESTEROL	47.2	35 - 80 mg/dl	
LDL CHOLESTEROL	163.52	< 100 mg/dl	
VLDL CHOLESTEROL	20.88	7 - 35 mg/dl	
LDL-HDL RATIO	3.46	< 3.5 mg/dl	
TC-HDL CHOLESTEROL RATIO	4.91	2.5 - 4.0 mg/dl	

INTERPRETATION

SAMPLE : SERUM,PLAIN

Note : Non HDL is the best risk predictor of all cholesterol measures, both for CAD(Coronary Artery Diseases) events and for strokes. High Risk patients like Diabetics,Hypertension .With family history of IHD, Smokers, the Desirable reference values for cholesterol & Triglyceride are further reduced by 10 mg % each.

*VLDL and LDL Calculated.

(References : Interpretation of Diagnostic Tests by Wallach's)

Technique : Fully Automated Pentra C-200 Biochemistry Analyzer.

**All Test Results are subjected to stringent international External and Internal Quality Control Protocols.

--- End of the Report ---



N. Vipul Jain

Dr. Vipul Jain
M.D.(PATH)

APPROVED BY

ENTERED BY - SANTOSH M

CHECKED BY - SNEHA G





Name	: MR. RAVINDRA PALAV	UHID	: VRX-44487
Age/Gender	: 53 Years 2 Months /M	Registered On	: 28/09/2024 08:11
Referred By	: MEDIWHEEL	Collected On	: 28/09/2024 08:15
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Investigations	Observed Value	Bio. Ref. Interval	METHOD
MEDIWHEEL FULL BODY ANNUAL PLUS ABOVE 50 MALE			
LIVER FUNCTION TEST			
SGOT	26.6	5 - 40 U/L	
SGPT	18.6	5 - 45 U/L	
TOTAL BILIRUBIN	0.89	0.1 - 1.2 mg/dl	
DIRECT BILIRUBIN	0.40	Adult: < 0.2 mg/dl Infant: 0.2 - 8 mg/dl	
INDIRECT BILIRUBIN	0.49	0.1 - 1.0 mg/dl	
TOTAL PROTEINS	7.30	6.0 - 8.3 g/dl	
ALBUMIN	3.90	3.5 - 5.2 g/dl	
GLOBULIN	3.4	2.0 - 3.5 g/dl	
A/G RATIO	1.15	1.0 - 2.0 mg/dl	
ALKALINE PHOSPHATASE	59.6	56 - 119 U/L	
GGT	17.3	3 - 60 U/L	
REMARKS SAMPLE : SERUM,PLAIN PERFORMED ON FULLY AUTOMATED PENTRA C-200 BIOCHEMISTRY ANALYZER.			



--- End of the Report ---

NRS

Dr. Vipul Jain
M.D.(PATH)

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Name	: MR. RAVINDRA PALAV	UHID	: VRX-44487
Age/Gender	: 53 Years 2 Months /M	Registered On	: 28/09/2024 08:11
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Investigations	Observed Value	Bio. Ref. Interval	METHOD
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MEDIWHEEL FULL BODY ANNUAL PLUS ABOVE 50 MALE

RENAL FUNCTION TEST

BLOOD UREA NITROGEN	9.25	7.0 - 25.8 mg/dl	
CREATININE	1.0	0.5 - 1.4 mg/dl	
URIC ACID	6.0	3.5 - 7.2 mg/dl	
CALCIUM	9.24	8.6 - 10.3 mg/dl	
PHOSPHORUS	3.20	2.5 - 4.5 mg/dl	
TOTAL PROTEINS	7.30	6.0 - 8.3 mg/dl	
ALBUMIN	3.90	3.5 - 5.2 mg/dl	
GLOBULIN	3.4	2.0 - 3.5 g/dl	
A-G RATIO	1.15	1.0 - 2.0 mg/dl	
SODIUM	138.8	135 - 148 mEq/l	
POTASSIUM	4.82	3.5 - 5.3 mEq/l	
CHLORIDES	102.1	98 - 107 mEq/l	

REMARKS

SAMPLE : SERUM,PLAIN

*BIOCHEMISTRY TESTS PERFORMED ON FULLY AUTOMATED PENTRA C-200 BIOCHEMISTRY ANALYZER.

*ELECTROLYTE PERFORMED ON PROLYTE ELECTROLYTE ANALYZER

--- End of the Report ---



NRS Jain

Dr. Vipul Jain
M.D.(PATH)

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CHECKED BY - SNEHA G





Name	: MR. RAVINDRA PALAV	UHID	: VRX-44487
Age/Gender	: 53 Years 2 Months /M	Registered On	: 28/09/2024 08:11
Referred By	: MEDIWHEEL	Collected On	: 28/09/2024 08:52
		Reported On	: 28/09/2024 16:55

Investigations	Observed Value	Bio. Ref. Interval	METHOD
BUN / CREATININE RATIO			
BUN (Blood Urea Nitrogen)	9.25	7.0 - 25.8 mg/dL	
Creatinine	1.0	0.5 - 1.4 mg/dL	
BUN/Creatinine Ratio	9.25	5.0 - 23.5	

--- End of the Report ---

NRS Jain

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M.D.(PATH)

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Investigations	Observed Value	Bio. Ref. Interval	METHOD
URINE ROUTINE			
COLOUR	PALE YELLOW		
APPEARANCE	CLEAR		
SPECIFIC GRAVITY	1.005		
REACTION (PH)	5.5		
PROTEIN	Absent		
SUGAR	Absent		
KETONE	Absent		
BILE SALT	Absent		
BILIRUBIN	Absent		
OCCULT BLOOD	Absent		
PUS CELLS	1-2	< 6 hpf	
EPITHELIAL CELLS	1-2	< 5 hpf	
RBC	NIL	< 2 hpf	
CASTS	NIL		
CRYSTALS	NIL		
AMORPHOUS DEBRIS	Absent		
BACTERIA	Absent		
YEAST CELLS	Absent		
SPERMATOZOA	Absent		

--- End of the Report ---

NR Jain

Dr. Vipul Jain
M.D.(PATH)

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Report

VRX HEALTH CARE PVT. LTD

UHID : AM10.24000000001
Patient Name : MR. RAVINDRA PALAV
Age : 53 Yrs
Gender : MALE
Ref. Doctor : SELF
Client Name : DIAGNO LOUNGE(ADVANCED DIAGNOSTIC CENTRE)-GOREGAON

Bill No. : A077532
Registered On : 28/09/2024,02:27 PM
Collected On : 28/09/2024,02:30 PM
Reported On : 29/09/2024,02:30 AM
SampleID : 

REPORT

Immunology

Test Name	Result	Unit	Biological Reference Interval
Total T3 Method : ECLIA	155.5	ng/dL	58-159
Total T4 Method : ECLIA	13.4	mcg/dl	4.2-11.2
TSH-Ultrasensitive Method : Chemiluminescent Microparticle Immunoassay	0.013	uIU/ml	0.2-5.7
Trimester Ranges	T3- 1st Trimester - 138-278 ng.dl 2nd Trimester- 155-328 ng/dl 3rd Trimester - 137-324 ng/dl		
	T4- 1st Trimester - 7.31-15.0 mcg/dl 2nd Trimester- 8.92-17.38 mcg/dl 3rd Trimester - 7.98-17.7 mcg/dl		
	TSH- 1st Trimester - 0.04-3.77 uIU/ml 2nd Trimester- 0.30-3.21 uIU/ml 3rd Trimester - 0.6-4.5 uIU/ml		

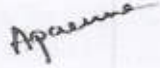
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Entered By

Verified By

Dr Suvarna Deshpande
MD (Path)
Reg.No.83385


Dr Aparna Jairam
MD (Path)
Reg.No.76516

"Sample Processed At Asavlee Dr Aparna's Pathology Laboratory"

Physio Lounge & Diagno Lounge (VRX Health Care Pvt. Ltd.)





UHID : AM10.2400000001
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 Age : 53 Yrs
 Gender : MALE
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REPORT

Immunology

Test Name	Result	Unit	Biological Reference Interval
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1.Total T3(Total Tri- iodo- thyronine)is one of the bound form of thyroid hormones produced by thyroid gland.Its production is tightlyregulated by TRH(Thyrotropin Releasing Hormone) from hypothalamus and TSH (Thyroid stimulating hormone) from anterior pituitary gland.In euthyroid state,thyroid gland secretes 10- 15% of T3,which in circulation is heavily protein bound and is the principle bioactive form.T4 is converted to T3 by deiodinases in peripherally (Mainly Liver).and in target organs . Total T3 levels are increased in primary and central hyperthyroidism and T3 toxicosis& its levels are decreased in the primary and central hypothyroidism.but its normal in case of subclinical hypothyroidism and hyperthyroidism alterations in Total T 3 levels can also occur in conditions like Non -Thyroidal illness,pregnancy, certain drugs and genetic conditions.

2.Total T4 (Total tetra- iodo-thyronine or total thyroxin)is one of the bound form of thyroid hormones produced by thyroid gland .its production is tightly regulated TRH(Thyrotropin Releasing Hormone) from hypothalamus and TSH (Thyroid stimulating hormone) from anterior pituitary gland .In euthyroid state,thyroid gland secretes 85- 90% of Thyroxine,which is circulated is heavily protein bound and has more half life than T 3 .Total T4 levels are increased in primary and central hyperthyroidism and its levels are decreased in primary and central hypothyroidism but its normal in case of subclinical hypothyroidism and hyper thyroidism and T3 Toxicosis is alterations in Total T4 Levels can also occur in conditions like Non -Thyroidal illness, pregnancy,certain drugs and genetic conditionS.

3.TSH (Thyroid stimulating hormone or Thyrotropin)is produced by anterior pituitary in response to its stimulation by TRH (Thyrotropin releasing hormone) released from hypothalamus .TSH and TRH releases are regulated by thyroid hormone through a feedback mechanism. There are several cases causes that can lead to thyroid gland dysfunction or dysregulation which eventually results in hypothyroidism or hypothyroidism based on the thyroid hormones and TSH levels it can be classified as subclinical primary or central apart from this certain other conditions can also lead to diagnostic confusions in the interpretation of a thyroid function test .They are pregnancy, Levothyroxine therapy certain other drug therapy assay interference alterations in the thyroid hormones binding proteins concentration and its binding capacity conditions of non-thyroidal illness and certain genetic conditions . TSH secretions exhibits diurnal pattern, so its advices able to check it during morning. Measurement of TSH alone may be misleading in conditions like recent treatment for thyrotoxicosis, TSH assay interference, central hypothyroidism. TSH Secreting pituitary adenoma,resistantance to thyroid hormone ,and disorders of thyroid hormones transport or metabolism.TSH receptor present in thyroid gland can be stimulated or inhibited by autoantibodies produced during autoimmune thyroid disorders which can lead to functional abnormalities of thyroid gland.The American Thyroid association determined that only TSH assays with third generation functional sensitivity (Sensitivity =0.01 mIU/L) are sufficient for use as screening tests for hypothyroidism their recommendation in consistent with the National Academy of Clinical Biochemistry Laboratory Medicine practice guideline for assessment of thyroid function.

End of Report

Results are to be correlated clinically

Scan to Validate



Entered By

Verified By

Dr Suvarna Deshpande
 MD (Path)
 Reg.No.83385

Dr Aparna Jairam
 MD (Path)
 Reg.No.76516

"Sample Processed At Asavlee Dr Aparna's Pathology Laboratory"



VRX HEALTHCARE PVT LTD
MG road
Mumbai

Room:
Order Number:
Indication:
Medication 1:
Medication 2:
Medication 3:

-- / -- mmHg

Male

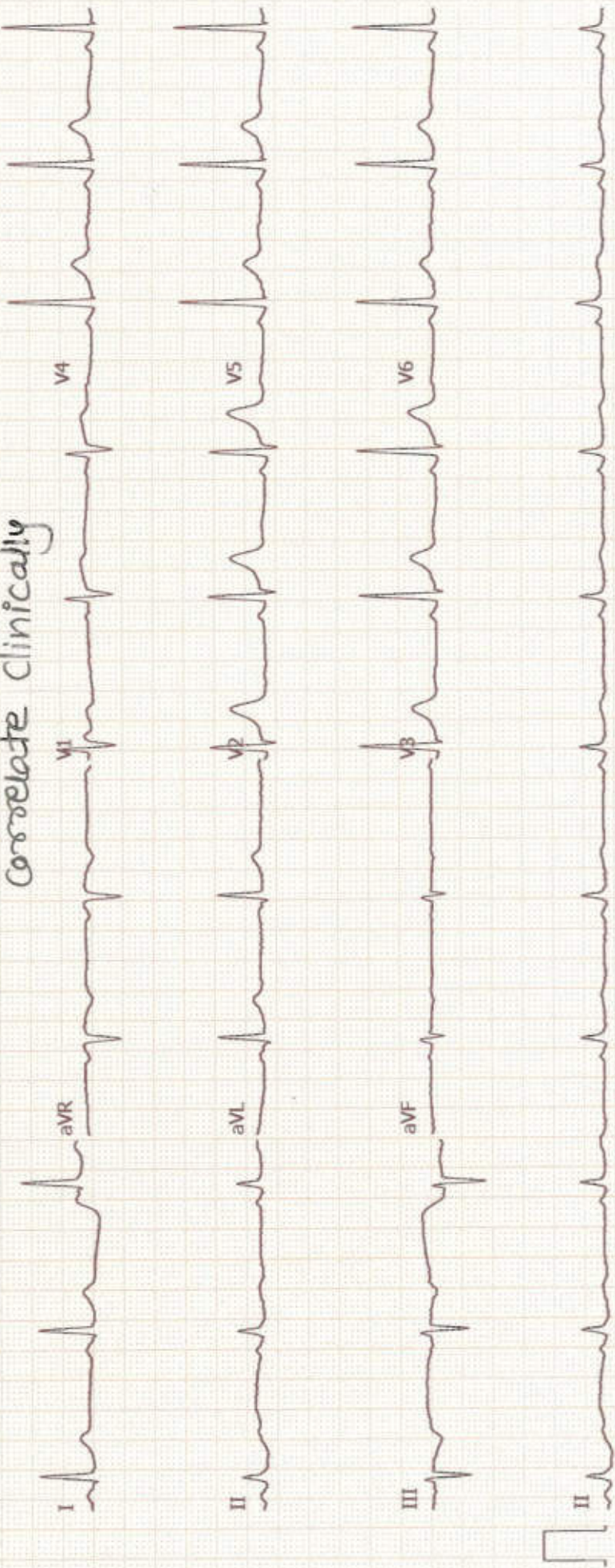
QRS : 86 ms
QT / QTcBaz : 394 / 399 ms
PR : 132 ms
P : 106 ms
RR / PP : 964 / 967 ms
P / QRS / T : 25 / -2 / 0 degrees

Normal sinus rhythm
Increased R/S ratio in V1, consider early transition or posterior infarct
Abnormal ECG

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

DR. SHILPA SINGH
MD (Physician) Russia D. Card
Reg No.: MMC 2013/123680

*Sinus Rhythm
ST + Changes in inferior leads
Rest within normal limits
Correlate clinically*



VRX HEALTHCARE PVT LTD (PHYSIO LOUNGE & DIAGNO LOUNGE)

Name: MR.RAVINDRA PALAV **Date:** 28-09-2024 **Time:** 12:04
Age: 53 **Gender:** M **Height:** 164 cms **Weight:** 75 Kg **ID:** 2880

Clinical History: HYPOTHYROID
Medications: T ELTROXIN 75MCG

Test Details:

Protocol: Bruce **Predicted Max HR:** 167 **Target HR:** 141 (85% of Pr. MHR)
Exercise Time: 0:07:30 **Achieved Max HR:** 150 (90% of Pr. MHR)
Max BP: 200/90 **Max BP x HR:** 30000 **Max Mets:** 8.4
Test Termination Criteria: Target HR attained

Protocol Details:

Stage Name	Stage Time	METS	Speed km/hr	Grade %	Heart Rate bpm	BP mmHg	RPP	ST Level mm	ST Slope mV/S
Supine	00:34	1	0	0	66	140/90	9240	0.8 V2	0.3 V2
Standing	00:08	1	0	0	68	140/90	9520	0.8 V2	0.3 V2
Hyper-Ventilation	00:08	1	0	0	68	140/90	9520	0.9 V2	0.3 V2
PreTest	00:10	1	1.6	0	70	140/90	9800	0.8 V2	0.3 V2
Stage: 1	03:00	4.7	2.7	10	115	176/90	20240	-0.5 II	0.5 V2
Stage: 2	03:00	7	4	12	136	178/90	24208	-1.1 II	0.6 V2
Peak Exercise	01:30	8.4	5.5	14	150	200/90	30000	-1.3 II	0.8 V2
Recovery1	03:00	1	0	0	93	172/90	15996	-0.4 III	0.2 I
Recovery2	00:19	1	0	0	95	148/90	14160	0.3 V2	0.2 I
Recovery3	00:07	1	0	0	96	148/90	14208	-0.7 II	0.2 I

Interpretation

GOOD EFFORT TOLERANCE
 NORMAL INOTROPIC RESPONSE
 NORMAL CHRONOTROPIC RESPONSE
 NO ANGINA OR ARRHYTHMIA
 ST DEPRESSION NOTED IN INFERO LATERAL LEADS DURING PEAK EXERCISE AND LATE RECOVERY
CONCLUSION:- STRESS TEST IS POSITIVE FOR INDUCIBLE ISHCHEMIA AT HIGH WORK LOAD

Ref. Doctor: **MEDIWHEEL**

Doctor: **DR. SHILPA SINGH**

DR. SHILPA SINGH
 MD (Physician) Russia D. Card
 Reg No: MMC 2013/12/5680

VRX HEALTHCARE PVT LTD (PHYSIO LOUNGE & DIAGNO LOUNGE)

MR. RAVINDRA PALAV (53 M)

Bruce Protocol

ID: 2880

Date: 28-09-2024

Exec Time: 0:00:00

Stage Time: 00:31

HR: 66 bpm

STLevel(mm) STSlope(mV/s)

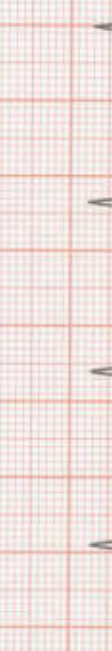
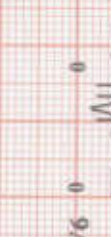
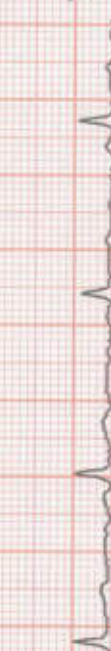
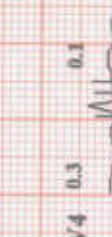
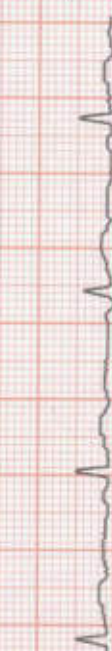
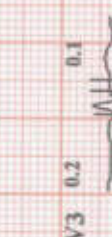
Stage: Supine

Speed: 0 km/h

Slope: 0%

BP: 140/90 mmHg

STLevel(mm) STSlope(mV/s)



VRX HEALTHCARE PVT LTD (PHYSIO LOUNGE & DIAGNO LOUNGE)

MR. RAVINDRA PALAV (53 M)

ID: 2880

Bruce Protocol

Stage: Standing

Date: 28-09-2024

Speed: 0

Exec Time: 0:00:00

Slope: 0%

Stage Time: 00:01

THR: 141 bpm

HR: 79 bpm

BP: 140/90 mmHg

STLevel(mm) STSlope(mV/s)

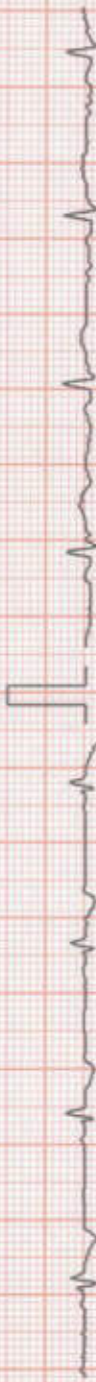
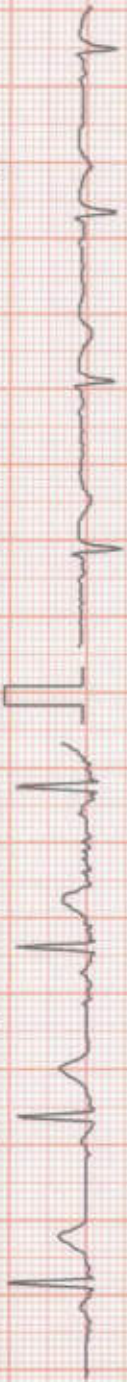


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz

Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Cardiovit CS-10 Version: 3.4

CARDIO BEATS

VRX HEALTHCARE PVT LTD (PHYSIO LOUNGE & DIAGNO LOUNGE)

MR.RAVINDRA PALAV (53 M)

ID: 2880

Date: 28-09-2024

Exec Time: 0:00:00

Stage Time: 00:02

HR: 68 bpm

Bruce Protocol

STLevel(mm) STSlope(mV/s)

Stage: HyperVentilation

Speed: 0

Slope: 0 %

THR: 141 bpm

BP: 140/90 mmHg

STLevel(mm) STSlope(mV/s)

0.2 0.2 I



V1 0.3 -0.1



0.1 0.1 II



V2 0.8 0.3



-0.2 0 III



V3 0.5 0.2



-0.1 -0.2 aVR



V4 0.3 0.1



0.1 0.1 aVL



V5 0.2 0.2



0 0 aVF



V6 0.1 0.2



V5



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Sehiller CardioSoft CS-10-Verion:3.4

CARDIO BEATS

VRX HEALTHCARE PVT LTD (PHYSIO LOUNGE & DIAGNO LOUNGE)

MR. RAVINDRA PALAV (53 M)

ID: 2880

Date: 28-09-2024

Exec Time: 0:00:00

Stage Time: 00:02

HR: 68 bpm

Bruce Protocol

Stage: PreTest

Speed: 1.6

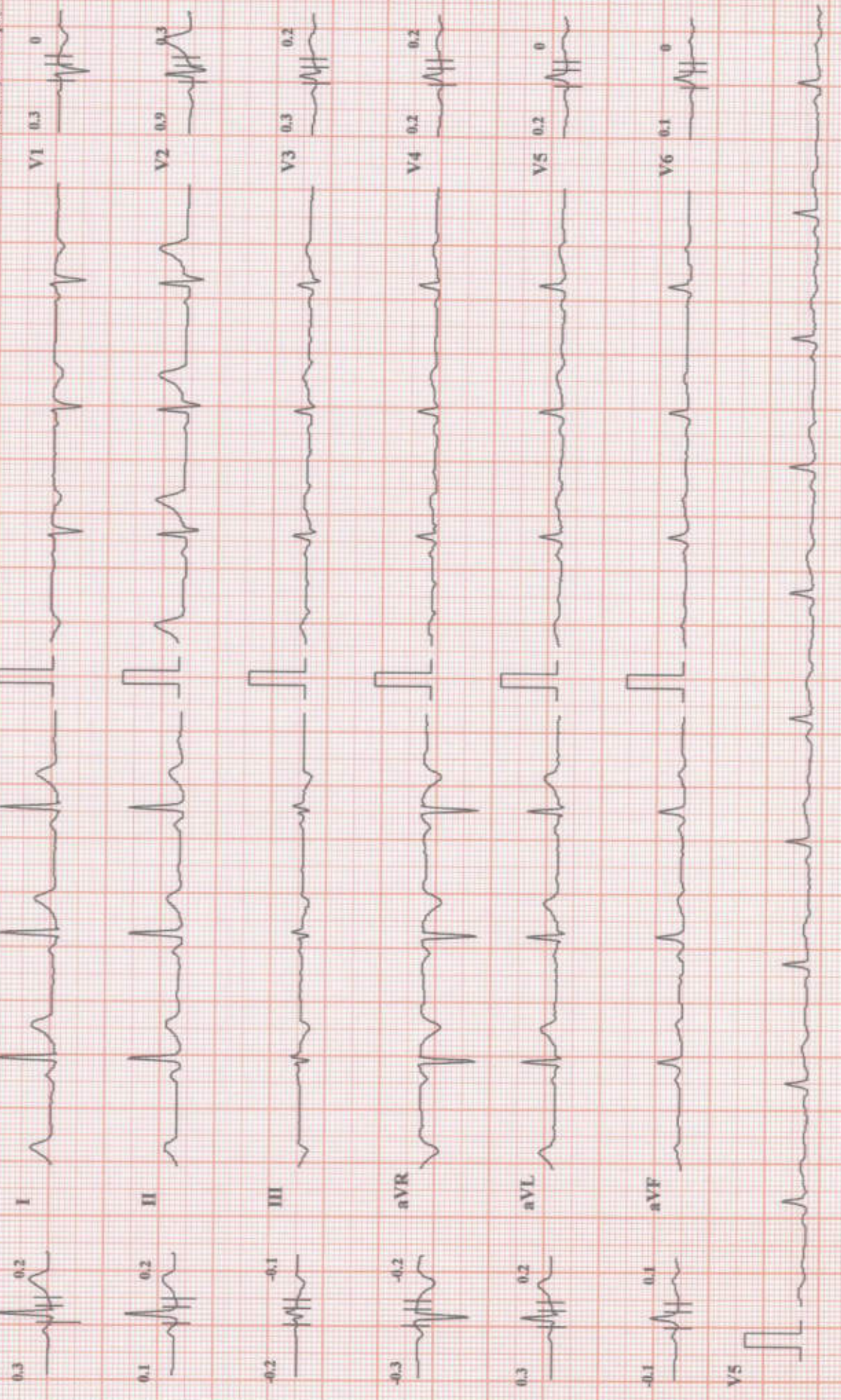
Slope: 0%

THR: 141 bpm

BP: 140/90 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)



VRX HEALTHCARE PVT LTD (PHYSIO LOUNGE & DIAGNO LOUNGE)

MR. RAVINDRA PALAV (53 M)

Bruce Protocol

ID: 2880

STLevel(mm) STSlope(mV/s)

Stage: 1

Date: 28-09-2024

Speed: 2.7 kmph

Exec Time: 0:02:26

Slope: 10 %

Stage Time: 02:26

THR: 141 bpm

HR: 113 bpm

BP: 176/90 mmHg

STLevel(mm) STSlope(mV/s)

-0.1 0.3 I



V1 0.3 0



-0.4 0.2 II



V2 0.6 0.5



-0.3 0 III



V3 0.1 0.2



0.3 -0.2 aVR



V4 0 0.2



0.1 0.2 aVL



V5 -0.1 0.2



-0.4 0.1 aVF



V6 -0.2 0.1



V5



VRX HEALTHCARE PVT LTD (PHYSIO LOUNGE & DIAGNO LOUNGE)

MR. RAVINDRA PALAY (53 M)

Bruce Protocol ID: 2880

STLevel(mm) STSlope(mV/s) Stage: 2

Date: 28-09-2024

Speed: 4 kmph

Exer Time: 0:05:34

Slope: 12.2%

Stage Time: 02:34

THR: 141 bpm

HR: 133 bpm

BP: 178/90 mmHg

STLevel(mm) STSlope(mV/s)

V1 0.5 -0.1



V2 0.4 0.6



V3 -0.2 0.2



V4 -0.4 0.2



V5 -0.6 0.2



V6 -0.6 0.1



I 0.4



II -1.2



III -0.1



aVR -0.5



aVL 0.3



aVF 0.1



V5



CARDIO BEATS

Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Cardioit CS-10 Version:3.4

VRX HEALTHCARE PVT LTD (PHYSIO LOUNGE & DIAGNO LOUNGE)

MR. RAVINDRA PALAV (53 M)

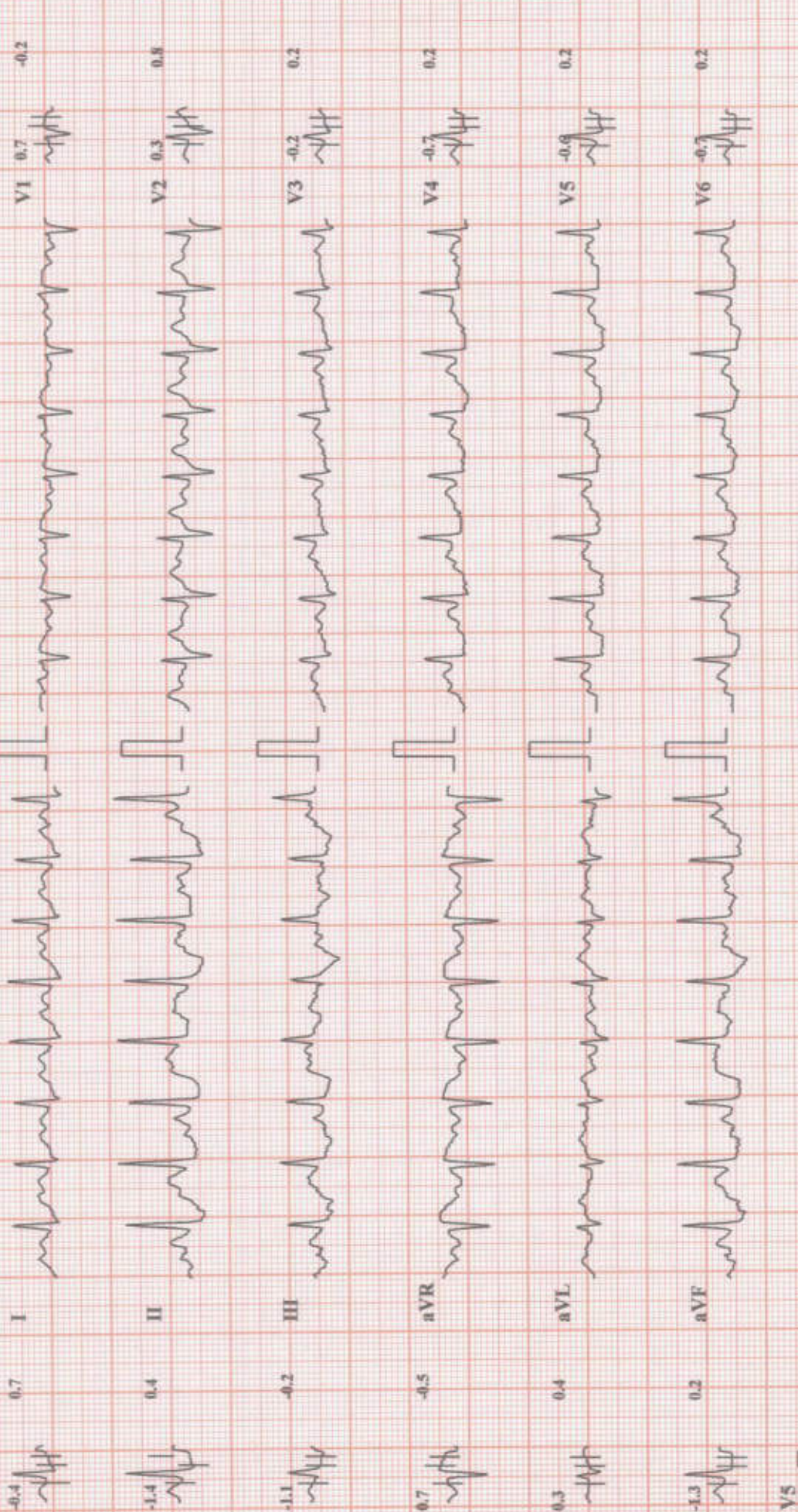
Bruce Protocol
 ID: 2880
 Stage: 3

Date: 28-09-2024
 Speed: 5.5 kmph

Exec Time : 0:07:03
 Slope: 1.4 %
 THR: 141 bpm

HR: 156 bpm

BP: 200/90 mmHg
 STLevel(mm) STSlope(mV/s)



VRX HEALTHCARE PVT LTD (PHYSIO LOUNGE & DIAGNO LOUNGE)

MR. RAVINDRA PALAV (53 M)

Bruce Protocol

ID: 2880

Date: 28-09-2024

Exec Time: 0:07:30

Stage Time: 01:30

HR: 150 bpm

STLevel(mm) STSlope(mV/s)

Stage: 3 Peak Exercise

Speed: 5.5 kmph

Slope: 14 %

BP: 200/90 mmHg

STLevel(mm) STSlope(mV/s)

-0.5 0.5 I



V1 0.6 0



-1.3 0.2 II



V2 0.3 0.8



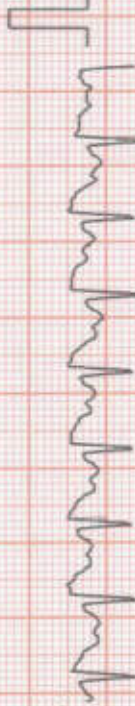
-0.8 -0.3 III



V3 -0.3 0.2



0.8 -0.3 aVR



V4 -0.5 0.2



0.1 0.3 aVL



V5 -0.9 0.1



-1.1 -0.1 aVF



V6 -0.8 0



V5



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Cardiovit CS-10 Version:3.4

VRX HEALTHCARE PVT LTD (PHYSIO LOUNGE & DIAGNO LOUNGE)

MR. RAVINDRA PALAV (53 M)

Bruce Protocol

ID: 2880

Date: 28-09-2024

Exec Time: 00:00

Stage Time: 00:04

HR: 150 bpm

STLevel(mm) STSlope(mV/s)

Stage: Recovery

Speed: 3.9 kmph

Slope: 0 %

THR: 141 bpm

BP: 200/90 mmHg

STLevel(mm) STSlope(mV/s)

-0.5 0.5 I



V1 0.6 0



-1.3 0.2 II



V2 0.3 0.8



-0.8 -0.3 III



V3 -0.3 0.2



0.8 -0.3 aVR



V4 -0.6 0.2



0.1 0.3 aVL



V5 -0.9 0.1



-1.1 -0.1 aVF



V6 -0.9 0



V5



VRX HEALTHCARE PVT LTD (PHYSIO LOUNGE & DIAGNO LOUNGE)

MR. RAVINDRA PALAV (53 M)

Bruce Protocol
STLevel(mm) STSlope(mV/s)

ID: 2880
Stage: Recovery I

Date: 28-09-2024
Speed: 0 kmph

Exec Time: 00:00
Slope: 0 %

Stage Time: 00:16
THR 141 bpm

HR: 150 bpm

BP: 200/90 mmHg
STLevel(mm) STSlope(mV/s)

-0.4 0.6 I

V1 0.6 -0.1

-1.3 0.2 II

V2 0.3 0.8

-0.8 0.2 III

V3 -0.3 0.3

0.7 -0.4 aVR

V4 -0.6 0.2

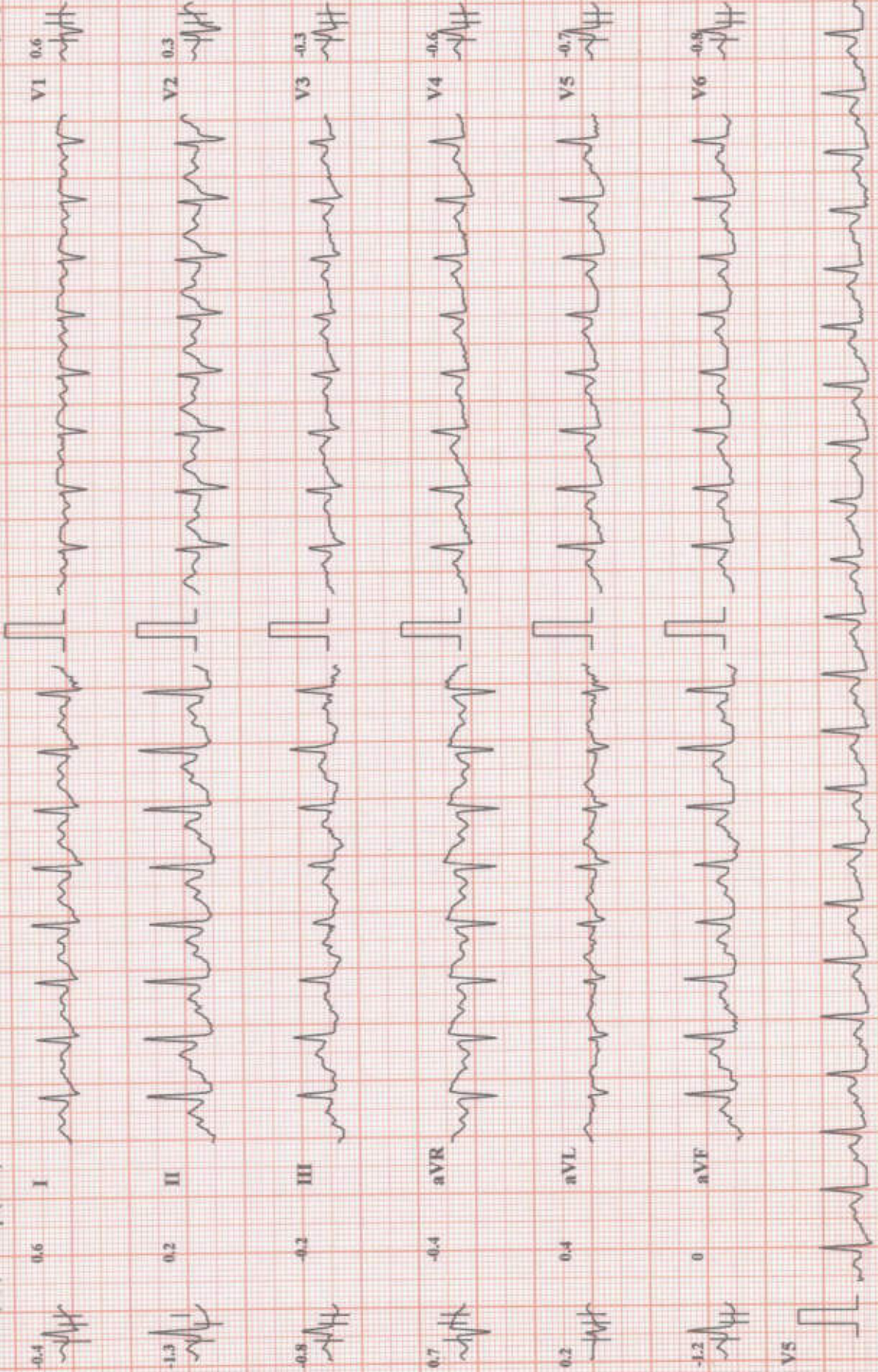
0.2 0.4 aVL

V5 -0.7 0.1

-1.2 0 aVF

V6 -0.9 0

V5



VRX HEALTHCARE PVT LTD (PHYSIO LOUNGE & DIAGNO LOUNGE)

MR. RAVINDRA PALAV (53 M)

Bruce Protocol

ID: 2880

Date: 28-09-2024

Exec Time: 00:00

Stage Time: 01:22

HR: 109 bpm

STLevel(mm) STSlope(mV/s)

Stage: Recovery1

Speed: 0 kmph

Slope: 0 %

THR: 141 bpm

BP: 200/90 mmHg

0 0.5 I



-0.3 0.4 II



-0.3 0 III



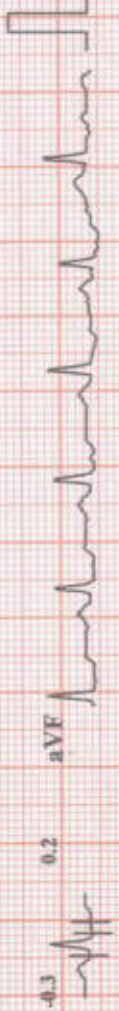
0.1 -0.5 aVR



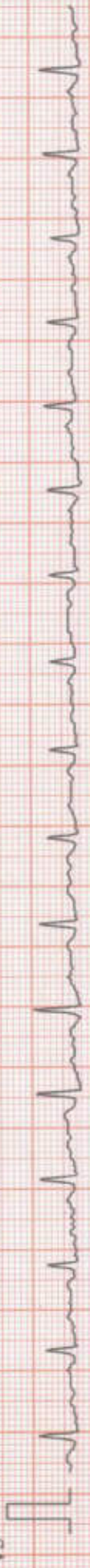
0.2 0.2 aVL



-0.3 0.2 aVF



V5



V1 0.4 0



V2 0.5 0.6



V3 0.3 0.3



V4 -0.1 0.2



V5 -0.1 0.2



V6 -0.2 0.2



VRX HEALTHCARE PVT LTD (PHYSIO LOUNGE & DIAGNO LOUNGE)

MR. RAVINDRA PALAV (53 M)

Bruce Protocol

ID: 2880

Date: 28-09-2024

Exec Time: 00:00

Stage Time: 02:08

HR: 101 bpm

STLevel(mm) STSlope(mV/s)

Stage: Recovery I

Slope: 0 %

THR: 141 bpm

BP: 172/90 mmHg

STLevel(mm) STSlope(mV/s)

-0.1 0.2 I



V1 0.3 0



-0.4 0.1 II



V2 0.4 0.3



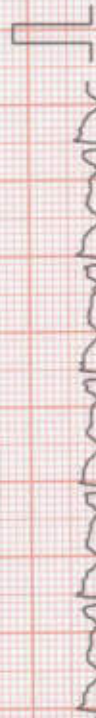
-0.2 -0.3 III



V3 0.1 0.2



0.2 -0.2 aVR



V4 -0.2 0.1



0.1 0.2 aVL



V5 -0.2 0.1



-0.3 0 aVF



V6 -0.2 0



V5



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25-Hz -Mains Filter: ON

180 - R - 60 ms, J - R + 60 ms, Post J - J + 60 ms

Schiffler Cardiovit CS-10 Version: 3.4

CARDIO BEATS

VRX HEALTHCARE PVT LTD (PHYSIO LOUNGE & DIAGNO LOUNGE)

MR. RAVINDRA PALAV (53 M)

HR: 93 bpm

Bruce Protocol

ID: 2880

Date: 28-09-2024

Exec Time: 00:00

Stage Time: 00:04

STLevel(mm) STSlope(mV/s)

Stage: Recovery2

Speed: 0 kmph

Slope: 0 %

THR: 141 bpm

BP: 148/90 mmHg
STLevel(mm) STSlope(mV/s)

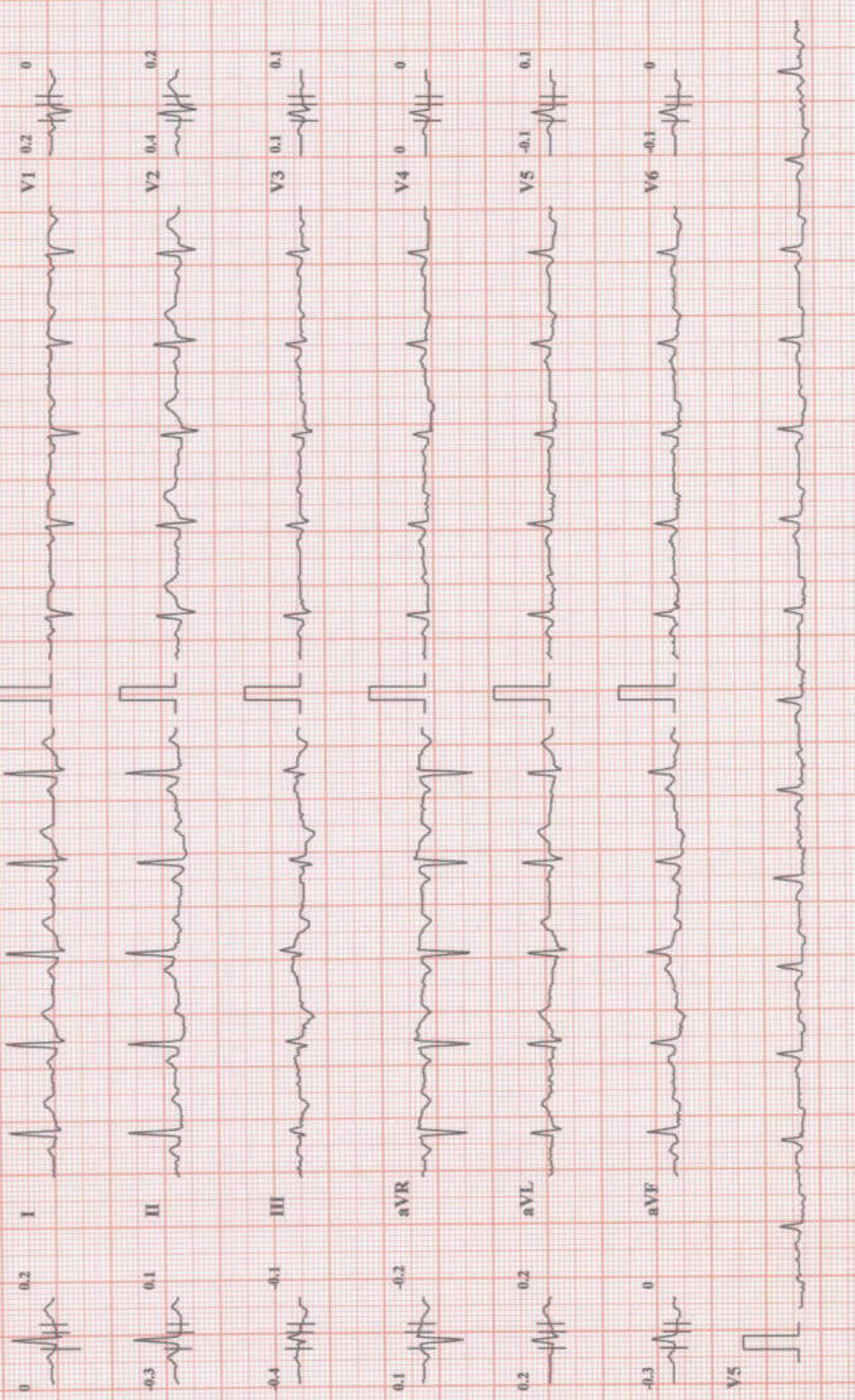


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV Filter: 25 Hz Mains Filter: ON ISO = R - 60 mm, J = R + 60 mm, Post J = J + 60 mm

Schiffler Cardiovit CS-10 Version: 3.4

CARDIO BEATS

VRX HEALTHCARE PVT LTD (PHYSIO LOUNGE & DIAGNO LOUNGE)

MR.RAVINDRA PALAV (53 M)

Bruce Protocol

ID: 2880

Date: 28-09-2024

Exec Time : 00:00

Stage Time: 00:03

HR: 95 bpm

STLevel(mm) STSlope(mV/s)

Stage: Recovery3

Speed: 0 kmph

Slope: 0 %

THR: 141 bpm

BP: 148/90 mmHg
STLevel(mm) STSlope(mV/s)

-0.1 0.2 I



V1 0.1 -0.1



-0.1 0.2 II



V2 0.3 0.2



0 0.1 III



V3 0 0.1



0.1 -0.2 aVR



V4 -0.1 0.1



0 0 aVL



V5 -0.2 0.1



-0.1 0.1 aVF



V6 -0.2 0



V5

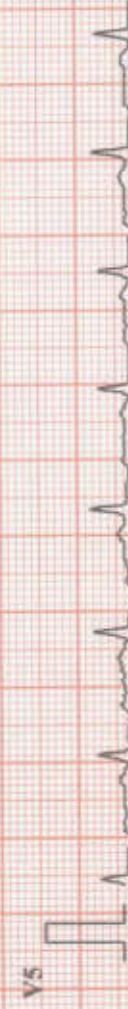


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz

Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Pwt, J = J + 60 ms

Sehler Cardiovit CS-10 Version:3.4

CARDIO BEATS



PATIENT NAME : MR. RAVINDRA PALAV	AGE : 53 YEARS
LAB NO :	SEX : MALE
REF DR NAME : MEDIWHEEL	DATE :28 /09/2024

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size, shape and smooth margins. It shows normal parenchymal echo pattern. The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein and CBD appears normal.

GALL BLADDER:

The gall bladder is partially distended and normal. No gall stones or mass lesions seen.

PANCREAS:

The pancreas is well visualized and normal. No evidence of solid or cystic mass lesion.

KIDNEYS:

Right kidney is normal in size shape and echotexture.

No evidence of any calculus or hydronephrosis is seen.

Right kidney measures 8.9 x 4.8 cm. Left kidney measures 7.3 x 4.4 cm.

Left kidney is smaller in size as compared to right.

SPLEEN:

The spleen is normal in size and echotexture. No evidence of focal lesion is noted.

There is no evidence of any lymphadenopathy or ascites.

URINARY BLADDER:

The urinary bladder is distended and reveal no intraluminal abnormality.

Prevoide – 30cc

PROSTATE:

The prostate is normal in size and volume is 25 cc.

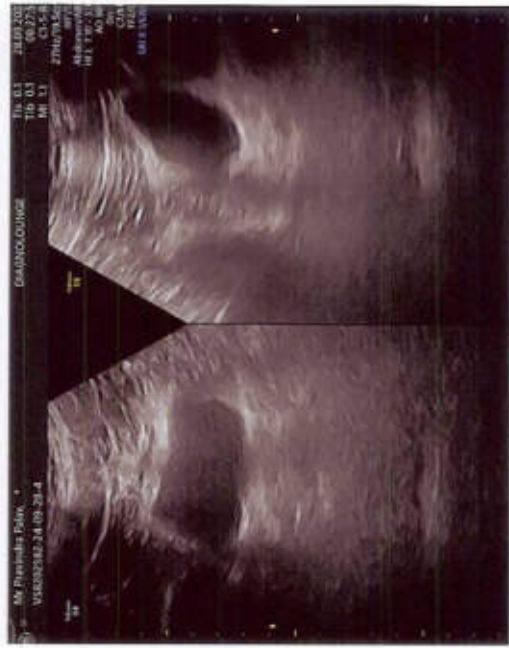
IMPRESSION:

Small sized left kidney.

No other significant abnormality is seen in the abdomen.

DR. FORAM AJMERA.
(CONSULTANT RADIOLOGIST)

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations. Further / Follow-up imaging may be needed in some case for confirmation of findings Please interpret accordingly. Patient has been explained in detail about the USG findings, measurements and limitations. In case of any typographical error in the report, patient is requested to immediately contact the center for rectification within 7 days post which the center will not be responsible for any rectification.





NAME : MR. RAVINDRA PALAV
REF. BY : DR. MEDIWHEEL
EXAMINATION : X-RAY CHEST PA VIEW

DATE: 28/09/2024

AGE: 53YRS/M

Both the lungs are essentially clear and show normal bronchial and vascular pattern.

Pleural spaces appear clear.

Both domes of diaphragm are in normal position.

Bony thorax appears normal.

Cardiac size is within normal limits.

Remark:

No pleuro parenchymal abnormality noted.


DR. SHRIKANT BODKE
(CONSULTANT RADIOLOGIST).

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. X RAY is known to have inter-observer variations. Further / Follow-up imaging may be needed in some case for confirmation of findings Please interpret accordingly. In case of any typographical error in the report, patient is requested to immediately contact the center for rectification within 7 days post which the center will not be responsible for any rectification.