



ಅಪ್ಪೊವ್ರಾ
APOORVA
DIAGNOSTIC CENTRE

AN ISO 9001 : 2008

CERTIFIED DIAGNOSTIC CENTRE

325, 1st Floor, C.M.H. Road, Indiranagar, Bangalore - 560 038.

Phone : 25257343, 25285652 Fax : 080 - 25286442 E-mail : apoorvadiagnostics@gmail.com

Reg. No. L 16641

Bill No.

Date : 11/02/2012

Page 1 of 1

Name : Mr. FREDRIC ANTONY

Ref. by : C/o SELF

Age : 41 Year(s)

Sex : Male

Corporate:NON CORPORATE

Report Date : 11/02/2012 14:20

Test Name

Result

Reference Range

BIOCHEMISTRY

GLUCOSE FASTING & POSTPRANDIAL

FASTING BLOOD GLUCOSE (Hexokinase)

91 mg/dL

Adult : 70 - 110
Children : 60 - 100 mg/dL

Urine sugar

NIL

POST PRANDIAL BLOOD GLUCOSE
(Hexokinase)

111 mg/dL

70 - 150 mg/dL

Urine sugar

NIL

LIPID PROFILE

TRIGLYCERIDES (Lipase)

100 mg/dL

Normal : < 150
Borderline high : 151 - 199
High : 200 - 499
Very high : > 500 mg/dL

TOTAL CHOLESTEROL (Cholesterol oxidase)

174 mg/dL

Recommended (desirable) : < 200
Moderate risk : 200 - 239
High risk: > 240 mg/dL

H.D.L CHOLESTROL (Phosphotungstate/Mg)

27 mg/dL

37 - 75 mg/dL

L.D.L CHOLESTEROL

127 mg/dL

Optimal: < 100
Near / above optimal : 100 - 129
borderline high: 130 - 159
high risk: 160 - 189

V.L.D.L

20 mg/dL

10 - 40 mg/dL

LDL/HDL RATIO

4.7

Less than 4.0

TC/HDL RATIO

6.4

Less than 6.0

Note :

S. Shivaappa

Dr.B. Shivappa.MD.,DCP
Pathologist

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

WORKING HOURS :

Weekdays : 7 am to 8 pm
Sunday & Holidays } 7 am to 12 noon

Fully Automated Analyzers with Bidirectional Interface

This report is not valid for any medico-legal purpose



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Mumbai

Pune

Bangalore

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Registration Id : 1652960012

Patient Name : Mr. Fredrick Antony 855519

Referred By : CISCO

Registration Date/Time : 21/01/2015 / 08:36AM

Collection Date / Time : 21/01/2015 / 08:37AM

Reporting Date / Time : 21/01/2015 / 12:04PM

Age / Sex : 44 Years / Male

Thyroid Function Test

Sample Type: SERUM

TEST	OBSERVED VALUE	UNITS	Reference Range
Total T3 (Tri-iodothyronine) Method : CMIA	: 92.1	ng/dl	58 - 159
Total T4 (Thyroxine) Method : CMIA	: 4.98	ug/dl	4.87 - 11.72
Ultrasensitive TSH,Serum Method : CMIA	: 1.90	uIU/ml	Euthyroid : 0.5 to 5.0

- ...
- In cases of primary hypothyroidism, T3 and T4 levels are low and TSH is significantly elevated. In the case of pituitary dysfunction, either due to intrinsic hypothalamic or pituitary disease i.e central hypothyroidism, normal or marginally elevated basal TSH levels are often seen despite significant reduction in T4 and T3 levels.
- Primary hyperthyroidism (eg: Grave's disease, nodular goiter) is associated with high levels of thyroid hormones and depressed or undetectable levels of TSH.

** END OF REPORT **

JISHA G
Verified By

Jishu
Page 6 of 6

Sangeeta
Dr. Sangeeta Sharma
M.D.
Pathologist

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