

Fwd: Health Check up Booking Confirmed Request(22E56437), Package Code-, Beneficiary Code-288657

From Anil Nagar <ngr.anil@gmail.com>

Date Mon 10-03-2025 12:56

To Anil Kumar Nagar <ANIL.NAGAR@bankofbaroda.com>

न: यह मेल बैंक डोमेन के बाहर से आया है. अगर आप प्रेषक को नहीं जानते तो मेल में दी गयी लिंक पर
CAUTION: THIS MAIL IS ORIGINATED FROM OUTSIDE OF THE BANK'S DOMAIN. DO NOT CLIC

----- Forwarded message -----

From: **Mediwheel** <wellness@mediwheel.in>

Date: Mon, 10 Mar 2025 at 12:55 PM

Subject: Health Check up Booking Confirmed Request(22E56437), Package Code-, Beneficiary Code-288657

To: <ngr.anil@gmail.com>

Cc: <customercare@mediwheel.in>

Dear **MR. NAGAR ANIL KUMAR,**

We are pleased to confirm your health checkup booking request with the following details.

Hospital Package Name : Mediwheel Full Body Health Checkup Male Below 40
Name of Diagnostic/Hospital : Aashka Multispeciality Hospital
Address of Diagnostic/Hospital- : Between Sargassan & Reliance Cross Road, Gandhi Nagar, Gujarat -
City : Gandhi Nagar
State : Gujarat
Pincode :
Appointment Date : 11-03-2025
Confirmation Status : Booking Confirmed
Preferred Time : 08:30 AM - 09:00 AM
Booking Status : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
MR. NAGAR ANIL KUMAR	34 year	Male

Note - Please note to not pay any amount at the center.

Instructions to undergo Health Check:

- Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
- Bring urine sample in a container if possible (containers are available at the Health Check centre).
- Please bring all your medical prescriptions and previous health medical records with you.
- Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

For Women:

- Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
- It is advisable not to undergo any Health Check during menstrual cycle.

Request you to reach half an hour before the scheduled time.

In case of further assistance, Please reach out to Team Mediwheel.

Thanks,
Mediwheel Team
Please Download Mediwheel App

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DR. FENIL KALARIYA
M.B.B.S, E.MD/MRCEM
CT/IDCCM
EMERGENCY PHYSICIAN &
CONSULTANT INTENSIVIST
REG.NO-G71225, 22/K-1562

UHID:	Date: <u>11/3/25</u>	Time: <u>4 PM</u>
Patient Name: <u>Amit Kumar Nagar</u>	Height:	Weight:
Age/Sex: <u>35y / male</u>	LMP:	
History:		
C/C/O: <u>- NO any fresh complaints</u>	History:	
Allergy History: <u>-</u>	Addiction: <u>-</u>	
Nutritional Screening: <u>Well-Nourished / Malnourished / Obese</u>		
Vitals & Examination:		
Temperature: <u>Axilla</u>		
Pulse: <u>80 bpm</u>		
BP:		
SPO2: <u>98% RUA</u>		
Provisional Diagnosis:		

Advice:

↙ Dyslipidemia
 ↘ Prediabetic
 —————

Rx

No	Dosage Form	Name of drug (IN BLOCK LETTERS ONLY)	Dose	Route	Frequency	Duration
		→ patient is FIT				
		- Diet control				
		- Regular Exercise				
		- lifestyle modification				
R						
①	Tab.	NEXPRO (40) P10 (1-0-1)				— ③ days
②	Tab.	ZERODOL-P — 505.				
		(- vit B ₁₂ vit B ₃)				
		←————→				

Insulin Scale	RBS- hourly	Diet Advice:	
< 150 -	300-350 -	Follow-up:	
150-200 -	350-400 -	Sign:	
200-250 -	400-450 -		
250-300 -	> 450 -		



DR. SEJAL J AMIN
B.D.S , M.D.S (PERIODONTIST)
IMPLANTOLOGIST
REG NO: A-12942

UHID:	Date: 11/3/23	Time:
Patient Name: Anil Nager	Age /Sex:	Height: 173 - C.M Weight: 82 - K.G
Chief Complain: Regular checkup.		
History:		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination: Extra oral : Intra oral - Teeth Present : Teeth Absent :	gums ++ Calculus + dc & prosthesis not ← / c. food lodgement not ← / 36.	
Diagnosis:		

Prescription Prescription Prescription

Rx						
No	Dosage Form	Name of drug (IN BLOCK LETTERS ONLY)	Dose	Route	Frequency	Duration
①		water jet flosser				

Other Advice:

① scaling



Follow-up:

Consultant's Sign:

COLOUR DOPPLER ECHOCARDIOGRAPH REPORT

Patient's Name : Anil Nagar Age : _____ Sex : _____
 Ref. by Doctor : _____ IP/OP No. : _____ Date: 11/03/2015

MITRAL VALVE :
 AORTIC VALVE :
 TRICUSPID VALVE : g
 PULMONARY VALVE :
 AORTA : 31
 LEFT ATRIUM : 34
 LV Dd/ Ds : 39/24 EF 60%
 IVS / LVPW / D : 10/10
 IVS : 1 intact
 IAS :
 RA :
 RV : 12
 PERICARDIUM : n

VEL	PEAK	MEAN
M/S	Gradient mm Hg	Gradient mm Hg
MITRAL	<u>1.0/0.7</u>	
AORTIC	<u>1.1</u>	
PULMONARY	<u>1.1</u>	
COLOUR DOPPLER	<u>Trivial MR/TR</u>	
RSVP	<u>26 cm/s</u>	
CONCLUSION	<u>n LV size/systolic fn</u>	



DR. TAPAS REVERI

Anil Kumar

Age 35

Date 11/3/25

110 Compay kizhbe short
Pat has given lot 10. 15. 20

VM 6/24
VM 6/24

put 6/24

6/6
6/6
with

Since PG

Geo Cobalt Vision. No. No. 107

Dyoss. Refractive error

[Signature]

Prescription Prescription Prescription



LABORATORY REPORT



Name : ANILKUMAR NAGAR	Sex/Age : Male / 35 Years	Case ID : 50302200509
Ref.By :	Dis. At :	Pt. ID : 5661044
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 11-Mar-2025 08:55	Sample Type :	Mobile No :
Sample Date and Time :	Sample Coll. By :	Ref Id1 : OSP36261
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 : O24259849

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Haemogram (CBC)			
RBC (Electrical Impedance)	4.41 ✓	millions/cu mm	4.50 - 5.50
Neutrophil	71.0	%	40.00 - 70.00
Lipid Profile			
Cholesterol	210.0	mg/dL	110 - 200
HDL Cholesterol	30.7	mg/dL	40 - 60
Chol/HDL	6.84		0 - 4.1
LDL Cholesterol	145.62	mg/dL	0.00 - 100.00
Plasma Glucose - F	108.71	mg/dL	70 - 100

Abnormal Result(s) Summary End

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

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LABORATORY REPORT



Name : **ANILKUMAR NAGAR** Sex/Age : **Male / 35 Years** Case ID : **50302200509**
 Ref.By : Dis. At : Pt. ID : **5661044**
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : 11-Mar-2025 08:55	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 11-Mar-2025 08:55	Sample Coll. By :	Ref Id1 : OSP36261
Report Date and Time : 11-Mar-2025 09:24	Acc. Remarks : Normal	Ref Id2 : O24259849

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin	13.6	G%	13.00 - 17.00
RBC (Electrical Impedance)	L 4.41	millions/cumm	4.50 - 5.50
PCV(Calc)	40.35	%	40.00 - 50.00
MCV (RBC histogram)	91.5	fL	83 - 101
MCH (Calc)	30.9	pg	27.00 - 32.00
MCHC (Calc)	33.8	gm/dL	31.50 - 34.50
RDW (RBC histogram)	11.40	%	11.00 - 16.00

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

			EXPECTED VALUES	[Abs]	EXPECTED VALUES
Total WBC Count	6080	/μL	4000.00 - 10000.00		
Neutrophil	H 71.0	%	40.00 - 70.00	4317	/μL 2000.00 - 7000.00
Lymphocyte	21.0	%	20.00 - 40.00	1277	/μL 1000.00 - 3000.00
Eosinophil	3.0	%	1.00 - 6.00	182	/μL 20.00 - 500.00
Monocytes	5.0	%	2.00 - 10.00	304	/μL 200.00 - 1000.00
Basophil	0.0	%	0.00 - 2.00	0	/μL 0.00 - 100.00

PLATELET COUNT (Optical)

Platelet Count	218000	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	3.38		0.78 - 3.53

SMEAR STUDY

RBC Morphology	Normocytic Normochromic RBCs.
WBC Morphology	Total WBC count within normal limits.
Platelet	Platelets are adequate in number.
Parasite	Malarial Parasite not seen on smear.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

Dr. Shreya Shah

M.D. (Pathologist)

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LABORATORY REPORT



Name : **ANILKUMAR NAGAR** Sex/Age : **Male / 35 Years** Case ID : **50302200509**
Ref.By : Dis. At : Pt. ID : **5661044**
Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : 11-Mar-2025 08:55	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 11-Mar-2025 08:55	Sample Coll. By :	Ref Id1 : OSP36261
Report Date and Time : 11-Mar-2025 10:21	Acc. Remarks : Normal	Ref Id2 : O24259849

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR <i>Westergren Method</i>	04	mm after 1hr	3 - 15	

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

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M.D. (Pathologist)

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 Ref.By : Dis. At : Pt. ID : **5661044**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 11-Mar-2025 08:55	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 11-Mar-2025 08:55	Sample Coll. By :	Ref Id1 : OSP36261
Report Date and Time : 11-Mar-2025 09:22	Acc. Remarks : Normal	Ref Id2 : O24259849

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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HAEMATOLOGY INVESTIGATIONS

**BLOOD GROUP AND RH TYPING (Erythrocyte Magnetized Technology)
 (Both Forward and Reverse Group)**

ABO Type	O
Rh Type	POSITIVE

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

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LABORATORY REPORT



Name : **ANILKUMAR NAGAR** Sex/Age : **Male / 35 Years** Case ID : **50302200509**
 Ref.By : Dis. At : Pt. ID : **5661044**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 11-Mar-2025 08:55 Sample Type : **Plasma Fluoride F, Plasma Fluoride PP, Serum** Mobile No :
 Sample Date and Time : 11-Mar-2025 08:55 Sample Coll. By : Ref Id1 : **OSP36261**
 Report Date and Time : 11-Mar-2025 10:21 Acc. Remarks : **Normal** Ref Id2 : **O24259849**

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Plasma Glucose - F <i>Photometric, Hexokinase</i>	H 108.71	mg/dL	70 - 100	
Plasma Glucose - PP <i>Photometric, Hexokinase</i>	102.84	mg/dL	70.0 - 140.0	
BUN (Blood Urea Nitrogen) <i>GLDH</i>	8.9	mg/dL	8.90 - 20.60	
Uric Acid <i>Uricase-Peroxidase method</i>	6.96	mg/dL	3.6 - 7.2	
Creatinine <i>Enzymatic</i>	0.85	mg/dL	0.70 - 1.30	

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 Ref.By : Dis. At : Pt. ID : **5661044**
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : 11-Mar-2025 08:55	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 11-Mar-2025 08:55	Sample Coll. By :	Ref Id1 : OSP36261
Report Date and Time : 11-Mar-2025 10:35	Acc. Remarks : Normal	Ref Id2 : O24259849

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Glycated Haemoglobin Estimation				
HbA1C <i>Immunoturbidimetric</i>	5.29	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	105.12	mg/dL	Not available	

Please Note change in reference range as per ADA 2021 guidelines.

Interpretation :

HbA1C level reflects the mean glucose concentration over previous 8-12 weeks and provides better indication of long term glycemic control. Levels of HbA1C may be low as result of shortened RBC life span in case of hemolytic anemia. Increased HbA1C values may be found in patients with polycythemia or post splenectomy patients. Patients with Homozygous forms of rare variant Hb(CC,SS,EE,SC) HbA1c can not be quantitated as there is no HbA. In such circumstances glycemic control can be monitored using plasma glucose levels or serum Fructosamine. The A1c target should be individualized based on numerous factors, such as age, life expectancy, comorbid conditions, duration of diabetes, risk of hypoglycemia or adverse consequences from hypoglycemia, patient motivation and adherence.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

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 Ref.By : Dis. At : Pt. ID : **5661044**
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : 11-Mar-2025 08:55 Sample Type : Serum Mobile No :
 Sample Date and Time : 11-Mar-2025 08:55 Sample Coll. By : Ref Id1 : **OSP36261**
 Report Date and Time : 11-Mar-2025 10:21 Acc. Remarks : Normal Ref Id2 : **O24259849**

TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol <i>Colorimetric, CHOD-POD</i>	H	210.0	}	mg/dL	110 - 200
HDL Cholesterol	L	30.7		mg/dL	40 - 60
Triglyceride <i>GPO-POD</i>		168.42		mg/dL	40 - 200
VLDL <i>Calculated</i>		33.68		mg/dL	10 - 40
Chol/HDL <i>Calculated</i>	H	6.84			0 - 4.1
LDL Cholesterol <i>Calculated</i>	H	145.62		mg/dL	0.00 - 100.00

NEW ATP III GUIDELINES (MAY 2001), MODIFICATION OF NCEP

LDL CHOLESTEROL	CHOLESTEROL	HDL CHOLESTEROL	TRIGLYCERIDES
Optimal <100	Desirable <200	Low <40	Normal <150
Near Optimal 100-129	Border Line 200-239	High >60	Border High 150-199
Borderline 130-159	High >240	-	High 200-499
High 160-189	-	-	-

- LDL Cholesterol level is primary goal for treatment and varies with risk category and assesment
- For LDL Cholesterol level Please consider direct LDL value
- Risk assessment from HDL and Triglyceride has been revised. Also LDL goals have changed.
- Detail test interpreation available from the lab
- All tests are done according to NCEP guidelines and with FDA approved kits.
- LDL Cholesterol level is primary goal for treatment and varies with risk category and assesment

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

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 Ref.By : Dis. At : Pt. ID : **5661044**
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : 11-Mar-2025 08:55	Sample Type : Serum	Mobile No :
Sample Date and Time : 11-Mar-2025 08:55	Sample Coll. By :	Ref Id1 : OSP36261
Report Date and Time : 11-Mar-2025 10:21	Acc. Remarks : Normal	Ref Id2 : O24259849

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Liver Function Test

S.G.P.T. <i>IIFC method without pyridoxal phosphate activation</i>	22.44	U/L	0.0 - 45.0	
S.G.O.T. <i>IIFC method without pyridoxal phosphate activation</i>	20.23	U/L	0.0 - 35.0	
Alkaline Phosphatase <i>PNPP-AMP Buffer</i>	95.78	U/L	50.0 - 116.0	
Gamma Glutamyl Transferase <i>IFCC</i>	21.90	U/L	0.0 - 55.0	
Proteins (Total) <i>Biuret</i>	7.83	g/dL	6.4 - 8.2	
Albumin <i>Bromo Cresol Green</i>	4.49	g/dL	3.4 - 5.0	
Globulin <i>Calculated</i>	3.34	gm/dL	2 - 4.1	
A/G Ratio <i>Calculated</i>	1.34		1.0 - 2.1	
Bilirubin Total <i>Diazotized Sulfanilic Acid Method</i>	0.90	mg/dL	0.3 - 1.2	
Bilirubin Conjugated <i>Diazotized Sulfanilic Acid Method</i>	0.21	mg/dL	0.0 - 0.3	
Bilirubin Unconjugated <i>Calculated</i>	0.69	mg/dL	0 - 0.8	

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

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 Ref.By : Dis. At : Pt. ID : **5661044**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 11-Mar-2025 08:55	Sample Type : Serum	Mobile No :
Sample Date and Time : 11-Mar-2025 08:55	Sample Coll. By :	Ref Id1 : OSP36261
Report Date and Time : 11-Mar-2025 10:02	Acc. Remarks : Normal	Ref Id2 : O24259849

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Triiodothyronine (T3)	80.12	ng/dL	70 - 204	
Thyroxine (T4) CMA	6.20	ng/dL	4.87 - 11.72	
TSH CMA	3.29	μIU/mL	0.4 - 4.2	

INTERPRETATIONS

- Circulating TSH measurement has been used for screening for euthyroidism, screening and diagnosis for hyperthyroidism & hypothyroidism. Suppressed TSH (<0.01 μIU/mL) suggests a diagnosis of hyperthyroidism and elevated concentration (>7 μIU/mL) suggest hypothyroidism. TSH levels may be affected by acute illness and several medications including dopamine and glucocorticoids. Decreased (low or undetectable) in Graves disease. Increased in TSH secreting pituitary adenoma (secondary hyperthyroidism), PPTH and in hypothalamic disease thyrotropin (tertiary hyperthyroidism). Elevated in hypothyroidism (along with decreased T4) except for pituitary & hypothalamic disease.
- Mild to modest elevations in patient with normal T3 & T4 levels indicates impaired thyroid hormone reserves & incipient hypothyroidism (subclinical hypothyroidism).
- Mild to modest decrease with normal T3 & T4 indicates subclinical hyperthyroidism.
- Degree of TSH suppression does not reflect the severity of hyperthyroidism, therefore, measurement of free thyroid hormone levels is required in patient with a suppressed TSH level.

CAUTIONS

Sick, hospitalized patients may have falsely low or transiently elevated thyroid stimulating hormone. Some patients who have been exposed to animal antigens, either in the environment or as part of treatment or imaging procedure, may have circulating antianimal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

TSH ref range in pregnancy Reference range (microIU/ml)

First trimester 0.24 - 2.00

Second trimester 0.43-2.2

Third trimester 0.8-2.5

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Name : ANILKUMAR NAGAR Sex/Age : Male / 35 Years Case ID : 50302200509
 Ref.By : Dis. At : Pt. ID : 5661044
 Bill. Loc. : Aashka hospital Pt. Loc :

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Sample Date and Time : 11-Mar-2025 08:55	Sample Coll. By :	Ref Id1 : OSP36261
Report Date and Time : 11-Mar-2025 10:02	Acc. Remarks : Normal	Ref Id2 : O24259849

Interpretation Note:

Ultra sensitive-thyroid-stimulating hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitary-thyroid axis, s-TSH provides a physiologic indicator of the functional level of thyroid hormone activity. Increased s-TSH indicates inadequate thyroid hormone, and suppressed s-TSH indicates excess thyroid hormone. Transient s-TSH abnormalities may be found in seriously ill, hospitalized patients, so this is not the ideal setting to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (an alternative screening test). When the s-TSH result is abnormal, appropriate follow-up tests T4 & free T3 levels should be performed. If TSH is between 5.0 to 10.0 & free T4 & free T3 level are normal then it is considered as subclinical hypothyroidism which should be followed up after 4 weeks & If TSH is > 10 & free T4 & free T3 level are normal then it is considered as overt hypothyroidism.

Serum triiodothyronine (T3) levels often are depressed in sick and hospitalized patients, caused in part by the biochemical shift to the production of reverse T3. Therefore, T3 generally is not a reliable predictor of hypothyroidism. However, in a small subset of hyperthyroid patients, hyperthyroidism may be caused by overproduction of T3 (T3 toxicosis). To help diagnose and monitor this subgroup, T3 is measured on all specimens with suppressed s-TSH and normal FT4 concentrations.

Normal ranges of TSH & thyroid hormones vary according trimester in pregnancy.

TSH ref range in Pregnancy	Reference range (microIU/ml)
First trimester	0.24 - 2.00
Second trimester	0.43-2.2
Third trimester	0.8-2.5

	T3	T4	TSH
Normal Thyroid function	N	N	N
Primary Hyperthyroidism	↑	↑	↓
Secondary Hyperthyroidism	↑	↑	↑
Grave's Thyroiditis	↑	↑	↑
T3 Thyrotoxicosis	↑	N	N/↓
Primary Hypothyroidism	↓	↓	↑
Secondary Hypothyroidism	↓	↓	↓
Subclinical Hypothyroidism	N	N	↑
Patient on treatment	N	N/↑	↓

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

Dr. Shreya Shah

M.D. (Pathologist)

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Neuberg Diagnostics Private Limited

Laboratory : "KEDAR" Opposite Krupa Petrol Pump, Near Parimal Garden, Ahmedabad - 380006 ☎ 079-40408181 / 61618181

✉ contact@neubergsupratech.com

Regd. Office : Plot No. 7, Industrial Estate, Rajiv Gandhi Salai, Perungudi, Chennai - 600096, Tamil Nadu, India. | CIN - U85300TN2017PTC114099
 www.neubergsupratech.com



LABORATORY REPORT



Name : **ANILKUMAR NAGAR** Sex/Age : **Male / 35 Years** Case ID : **50302200509**
 Ref.By : Dis. At : Pt. ID : **5661044**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 11-Mar-2025 08:55	Sample Type : Spot Urine	Mobile No :
Sample Date and Time : 11-Mar-2025 09:46	Sample Coll. By :	Ref Id1 : OSP36261
Report Date and Time : 11-Mar-2025 09:56	Acc. Remarks : Normal	Ref Id2 : O24259849

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
------	---------	------	----------------------	---------

URINE EXAMINATION

Physical Examination

Colour : Yellow
 Transparency : Clear

Chemical Examination

Sp.Gravity	1.010		1.005 - 1.030
pH	7.5		5 - 8
Leucocytes (ESTERASE)	Negative		Negative
Protein	Negative		Negative
Glucose	Negative		Negative
Ketone Bodies Urine	Negative		Negative
Urobilinogen	Negative		Negative
Bilirubin	Negative		Negative
Blood	Negative		Negative
Nitrite	Negative		Negative

Microscopic Examination

Leucocyte	Nil	/HPF	Nil
Red Blood Cell	Nil	/HPF	Nil
Epithelial Cell	Present +	/HPF	Present(+)
Bacteria	Nil	/μL	Nil
Yeast	Nil	/μL	Nil
Cast	Nil	/HPF	Nil
Crystals	Nil	/HPF	Nil

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

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 Report Date and Time : 11-Mar-2025 09:56 Acc. Remarks : **Normal** Ref Id2 : **O24259849**

Parameter	Unit	Expected value	Result/Notations				
			Trace	+	++	+++	++++
pH	-	4.6-8.0					
SG	-	1.003-1.035					
Protein	mg/dL	Negative (<10)	10	25	75	150	500
Glucose	mg/dL	Negative (<30)	30	50	100	300	1000
Bilirubin	mg/dL	Negative (0.2)	0.2	1	3	6	-
Ketone	mg/dL	Negative (<5)	5	15	50	150	-
Urobilinogen	mg/dL	Negative (<1)	1	4	8	12	-

Parameter	Unit	Expected value	Result/Notifications				
			Trace	+	++	+++	++++
Leukocytes (Strip)	/micro L	Negative (<10)	10	25	100	500	-
Nitrite(Strip)	-	Negative	-	-	-	-	-
Erythrocytes(Strip)	/micro L	Negative (<5)	10	25	50	150	250
Pus cells (Microscopic)	/hpf	<5	-	-	-	-	-
Red blood cells(Microscopic)	/hpf	<2	-	-	-	-	-
Cast (Microscopic)	/lpf	<2	-	-	-	-	-

----- End Of Report -----

For test performed on specimens received or collected from non-NSRL locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender. NSRL will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

Dr. Shreya Shah

M.D. (Pathologist)

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PATIENT NAME:ANIL KUMAR NAGAR

GENDER/AGE:Male / 35 Years

DATE:11/03/25

DOCTOR:

OPDNO:OSP36261

X-RAY CHEST PA

Both lung fields show increased broncho-vascular markings.

No evidence of collapse, consolidation, mediastinal lymph adenopathy, soft tissue infiltration or pleural effusion is seen.

Both hilar shadows and C.P. angles are normal.

Heart shadow appears normal in size. Aorta appears normal.

Bony thorax and both domes of diaphragm appear normal.

No evidence of cervical rib is seen on either side.

DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST

REPORT REPORT REPORT REPORT REPORT



PATIENT NAME: ANIL KUMAR NAGAR

GENDER/AGE: Male / 35 Years

DATE: 11/03/25

DOCTOR:

OPDNO: OSP36261

SONOGRAPHY OF ABDOMEN AND PELVIS

LIVER: Liver appears normal in size and shows normal parenchymal echoes. No evidence of focal or diffuse lesion is seen. No evidence of dilated IHBR is seen. Intrahepatic portal radicles appear normal. No evidence of solid or cystic mass lesion is seen.

GALL BLADDER: Gall bladder is physiologically distended and appears normal. No evidence of calculus or changes of cholecystitis are seen. No evidence of pericholecystic fluid collection is seen. CBD appears normal.

PANCREAS: Pancreas appears normal in size and shows normal parenchymal echoes. No evidence of pancreatitis or pancreatic mass lesion is seen.

SPLEEN: Spleen appears normal in size and shows normal parenchymal echoes. No evidence of focal or diffuse lesion is seen.

KIDNEYS: Both kidneys are normal in size, shape and position. Both renal contours are smooth. Cortical and central echoes appear normal. Bilateral cortical thickness appears normal. No evidence of renal calculus, hydronephrosis or mass lesion is seen on either side. No evidence of perinephric fluid collection is seen.

Right kidney measures about 10.1 x 4.1 cms in size.

Left kidney measures about 10.0 x 4.2 cms in size.

No evidence of suprarenal mass lesion is seen on either side.

Aorta, IVC and para aortic region appears normal.

No evidence of ascites is seen.

BLADDER: Bladder is normally distended and appears normal. No evidence of bladder calculus, diverticulum or mass lesion is seen. Prevoid bladder volume measures about 140 cc.

PROSTATE: Prostate appears normal in size and shows normal parenchymal echoes. No evidence of pathological calcification or solid or cystic mass lesion is seen. Prostate volume measures about 14 cc.

COMMENT: Normal sonographic appearance of liver, GB; Pancreas, spleen, kidneys, bladder and prostate.


DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST

11.03.2025 10:27:17 AM
AASHKA HOSPITAL LTD.
SARGASAN
GANDHINAGAR

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

Room:

79 bpm
-- / -- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 86 ms
QT / QTcBaz : 358 / 410 ms
PR : 148 ms
P : 80 ms
RR / PP : 758 / 759 ms
P / QRS / T : 14 / 70 / 27 degrees

Normal sinus rhythm
Normal ECG

