

Fwd: Health Check up Booking Confirmed Request(22S56438), 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>

ह मेल बैंक डोमेन के बाहर से आया है. अगर आप प्रेषक को नहीं जानते तो मेल में दी गयी लिंक पर क्लिक न करें.
THIS MAIL IS ORIGINATED FROM OUTSIDE OF THE BANK'S DOMAIN. DO NOT CLICK ON ANY LINKS.

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

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

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

Subject: Health Check up Booking Confirmed Request(22S56438), 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 Female 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
Pinky nagar	33 year	Female

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: 11/3/25	Time: 4pm
Patient Name: <u>Princy Nagar</u>		Height:	Weight:
Age/Sex: <u>34y/F</u>	LMP:		
History:			
C/C/O: <u>- No any fresh complaint.</u>		History: <u>-</u>	
Allergy History: <u>-</u>		Addiction: <u>-</u>	
Nutritional Screening: <u>Well-Nourished</u> / Malnourished / Obese			
Vitals & Examination:			
Temperature: <u>Afebrile</u>			
Pulse: <u>82bpm</u>			
BP:			
SPO2: <u>98% on RA</u>			
Provisional Diagnosis:			

Prescription



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

UHID:	Date:	Time:
Patient Name: Pinky Nages		Age /Sex: Height: Weight:
Chief Complain: Regular checkup		
History:		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination: Buccally placed ^{feet} root ← 18		
Extra oral :		
Intra oral – Teeth Present : Culcula +		
Teeth Absent :		
Diagnosis:		

Prescription Prescription Prescription



OPTheel
Dr. TarPat Patel

Pratik

Age - 34

Date 10/3/24

ClO Gmy Heshb chut

Pshen yus Bl use use P20PM

MM 6/6
6/114

nut correction

6/6
6/6

2/6

color vision. Near my

Use yus P20PM

R.

Prescription Prescription Prescription

COLOUR DOPPLER ECHOCARDIOGRAPH REPORT

Patient's Name : Pinky Age : _____ Sex : _____

Ref. by Doctor : _____ IP/OP No. : _____ Date: 11/03/25

MITRAL VALVE : Mild MR

AORTIC VALVE : _____

TRICUSPID VALVE : _____

PULMONARY VALVE : _____

AORTA : 28

LEFT ATRIUM : 33

LV Dd/ Ds : 38 / 24 mm EF 60%

IVS / LVPW / D : 10 / 9

IVS : Intact

IAS : Floppy

RA : _____

RV : _____

PERICARDIUM : _____

VEL	PEAK	MEAN
M/S	Gradient mm Hg	Gradient mm Hg
MITRAL	1.0	0.7
AORTIC	1.2	
PULMONARY	1.0	
COLOUR DOPPLER	Trivial MR / TR	
RSVP	28 - +5	
CONCLUSION	② LV size/systolic fn	



LABORATORY REPORT



Name : PINKY A NAGAR	Sex/Age : Female/ 34 Years	Case ID : 50302200510
Ref.By :	Dis. At :	Pt. ID : 5661065
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 11-Mar-2025 08:57	Sample Type :	Mobile No :
Sample Date and Time :	Sample Coll. By :	Ref Id1 : OSP36260
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 : O24259848

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Blood Urea Nitrogen (BUN)			
BUN (Blood Urea Nitrogen)	6.6	mg/dL	7.00 - 18.70
Haemogram (CBC)			
Lymphocyte	41.0	%	20.00 - 40.00
Lipid Profile			
VLDL	9.50	mg/dL	10 - 40
LDL Cholesterol	127.60	mg/dL	0.00 - 100.00
Creatinine	0.51	mg/dL	0.55 - 1.02

Abnormal Result(s) Summary End

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

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LABORATORY REPORT



Name : **PINKY A NAGAR** Sex/Age : **Female/ 34 Years** Case ID : **50302200510**
 Ref.By : Dis. At : Pt. ID : **5661065**
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : 11-Mar-2025 08:57	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 11-Mar-2025 08:57	Sample Coll. By :	Ref Id1 : OSP36260
Report Date and Time : 11-Mar-2025 09:23	Acc. Remarks : Normal	Ref Id2 : O24259848

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin	13.3	G%	12.0 - 15.0
RBC (Electrical Impedance)	4.18	millions/cumm	3.80 - 4.80
PCV(Calc)	38.83	%	36.00 - 46.00
MCV (RBC histogram)	92.9	fL	83 - 101
MCH (Calc)	31.9	pg	27.00 - 32.00
MCHC (Calc)	34.3	gm/dL	31.50 - 34.50
RDW (RBC histogram)	12.80	%	11.00 - 16.00

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

		UNIT	EXPECTED VALUES	[Abs]	EXPECTED VALUES
Total WBC Count	5510	/μL	4000.00 - 10000.00		
Neutrophil	[%] 53.0	%	40.00 - 70.00	2920	/μL 2000.00 - 7000.00
Lymphocyte	H 41.0	%	20.00 - 40.00	2259	/μL 1000.00 - 3000.00
Eosinophil	2.0	%	1.00 - 6.00	110	/μL 20.00 - 500.00
Monocytes	4.0	%	2.00 - 10.00	220	/μL 200.00 - 1000.00
Basophil	0.0	%	0.00 - 2.00	0	/μL 0.00 - 100.00

PLATELET COUNT (Optical)

Platelet Count	259000	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	1.29		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)

Page 2 of 12

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Name : **PINKY A NAGAR** Sex/Age : **Female/ 34 Years** Case ID : **50302200510**
Ref.By : Dis. At : Pt. ID : **5661065**
Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 11-Mar-2025 08:57	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 11-Mar-2025 08:57	Sample Coll. By :	Ref Id1 : OSP36260
Report Date and Time : 11-Mar-2025 10:21	Acc. Remarks : Normal	Ref Id2 : O24259848

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR <i>Westergren Method</i>	08	mm after 1hr	3 - 20	

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

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Page 3 of 12

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Name : PINKY A NAGAR	Sex/Age : Female/ 34 Years	Case ID : 50302200510
Ref.By :	Dis. At :	Pt. ID : 5661065
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 11-Mar-2025 08:57	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 11-Mar-2025 08:57	Sample Coll. By :	Ref Id1 : OSP36260
Report Date and Time : 11-Mar-2025 09:22	Acc. Remarks : Normal	Ref Id2 : O24259848

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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Page 4 of 12

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LABORATORY REPORT



Name : **PINKY A NAGAR** Sex/Age : **Female/ 34 Years** Case ID : **50302200510**
 Ref.By : Dis. At : Pt. ID : **5661065**
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : 11-Mar-2025 08:57 Sample Type : **Plasma Fluoride F,Plasma Fluoride PP,Serum** Mobile No :
 Sample Date and Time : 11-Mar-2025 08:57 Sample Coll. By : Ref Id1 : **OSP36260**
 Report Date and Time : 11-Mar-2025 10:21 Acc. Remarks : **Normal** Ref Id2 : **O24259848**

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Plasma Glucose - F <i>Photometric,Hexokinase</i>	92.33	mg/dL	70 - 100	
Plasma Glucose - PP <i>Photometric,Hexokinase</i>	128.90	mg/dL	70.0 - 140.0	
BUN (Blood Urea Nitrogen) <i>GLDH</i>	L 6.6	mg/dL	7.00 - 18.70	
Uric Acid <i>Uricase-Peroxidase method</i>	4.01	mg/dL	2.3 - 6.1	
Creatinine <i>Enzymatic</i>	L 0.51	mg/dL	0.55 - 1.02	

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

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Page 5 of 12

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Ref.By :	Dis. At :	Pt. ID : 5661065
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 11-Mar-2025 08:57	Sample Type : Whole Blood EDTA	Mobile No. :
Sample Date and Time : 11-Mar-2025 08:57	Sample Coll. By :	Ref Id1 : OSP36260
Report Date and Time : 11-Mar-2025 10:35	Acc. Remarks : Normal	Ref Id2 : O24259848

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Glycated Haemoglobin Estimation				
HbA1C <i>Immunoturbidimetric</i>	4.84	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	92.21	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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Page 6 of 12

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Name : **PINKY A NAGAR** Sex/Age : **Female/ 34 Years** Case ID : **50302200510**
 Ref.By : Dis. At : Pt. ID : **5661065**
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : 11-Mar-2025 08:57 Sample Type : Serum Mobile No :
 Sample Date and Time : 11-Mar-2025 08:57 Sample Coll. By : Ref Id1 : OSP36260
 Report Date and Time : 11-Mar-2025 10:04 Acc. Remarks : Normal Ref Id2 : O24259848

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol <i>Colorimetric, CHOD-POD</i>	190.4	mg/dL	110 - 200	
HDL Cholesterol	53.3	mg/dL	40 - 60	
Triglyceride <i>GPO-POD</i>	47.51	mg/dL	40 - 200	
VLDL <i>Calculated</i>	L 9.50	mg/dL	10 - 40	
Chol/HDL <i>Calculated</i>	3.57		0 - 4.1	
LDL Cholesterol <i>Calculated</i>	H 127.60	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 interpretation 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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Page 7 of 12

Printed On : 11-Mar-2025 13:30



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 Ref.By : Dis. At : Pt. ID : **5661065**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 11-Mar-2025 08:57	Sample Type : Serum	Mobile No :
Sample Date and Time : 11-Mar-2025 08:57	Sample Coll. By :	Ref Id1 : OSP36260
Report Date and Time : 11-Mar-2025 10:21	Acc. Remarks : Normal	Ref Id2 : O24259848

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>	12.31	U/L	0.0 - 34.0	
S.G.O.T. <i>IIFC method without pyridoxal phosphate activation</i>	17.34	U/L	0.0 - 35.0	
Alkaline Phosphatase <i>PNPP-AMP Buffer</i>	80.12	U/L	46.0 - 122.0	
Gamma Glutamyl Transferase <i>IIFC</i>	12.80	U/L	0.0 - 38.0	
Proteins (Total) <i>Biuret</i>	7.47	g/dL	6.4 - 8.2	
Albumin <i>Bromo Cresol Green</i>	4.34	g/dL	3.4 - 5.0	
Globulin <i>Calculated</i>	3.13	gm/dL	2 - 4.1	
A/G Ratio <i>Calculated</i>	1.39		1.0 - 2.1	
Bilirubin Total <i>Diazotized Sulfanilic Acid Method</i>	0.97	mg/dL	0.3 - 1.2	
Bilirubin Conjugated <i>Diazotized Sulfanilic Acid Method</i>	0.23	mg/dL	0.0 - 0.3	
Bilirubin Unconjugated <i>Calculated</i>	0.74	mg/dL	0 - 0.8	

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

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Page 8 of 12

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 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : 11-Mar-2025 08:57	Sample Type : Serum	Mobile No :
Sample Date and Time : 11-Mar-2025 08:57	Sample Coll. By :	Ref Id1 : OSP36260
Report Date and Time : 11-Mar-2025 10:04	Acc. Remarks : Normal	Ref Id2 : O24259848

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Triiodothyronine (T3)	94.25	ng/dL	70 - 204	
Thyroxine (T4) CMA	5.08	ng/dL	4.87 - 11.72	
TSH CMA	1.02	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), PRTN 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

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

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Page 9 of 12

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Sample Date and Time : 11-Mar-2025 08:57	Sample Coll. By :	Ref Id1 : OSP36260
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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)

Page 10 of 12

Printed On : 11-Mar-2025 13:30



Neuberg Diagnostics Private Limited

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contact@neubergsupratech.com

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www.neubergsupratech.com



LABORATORY REPORT



Name : PINKY A NAGAR	Sex/Age : Female/ 34 Years	Case ID : 50302200510
Ref.By :	Dis. At :	Pt. ID : 5661065
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 11-Mar-2025 08:57	Sample Type : Spot Urine	Mobile No :
Sample Date and Time : 11-Mar-2025 09:42	Sample Coll. By :	Ref Id1 : OSP36260
Report Date and Time : 11-Mar-2025 09:55	Acc. Remarks : Normal	Ref Id2 : O24259848

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

URINE EXAMINATION

Physical Examination

Colour	Pale yellow
Transparency	Clear

Chemical Examination

Sp.Gravity	1.015	1.005 - 1.030
pH	6.0	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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Page 11 of 12

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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/Notations				
			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

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Page 12 of 12

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PATIENT NAME: PINKY A NAGAR

GENDER/AGE: Female / 34 Years

DATE: 11/03/25

DOCTOR:

OPDNO: OSP36260

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 4.6 cms in size.

Left kidney measures about 10.6 x 4.8 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 190 cc.

UTERUS: Uterus is anteverted and appears normal in size, shape and position. Endometrial and myometrial echoes appear normal. Endometrial thickness measures about 6 mm. No evidence of uterine mass lesion is seen.

Bilateral adnexa appears normal.

COMMENT: Small umbilical hernia seen with defect of 13 mm with herniation of fat only. ✓

Normal sonographic appearance of liver, GB, pancreas, spleen, kidneys, para aortic region, bladder and uterus.

DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST



PATIENT NAME: PINKY A NAGAR

GENDER/AGE: Female / 34 Years

DATE: 11/03/25

DOCTOR:

OPDNO: OSP36260

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

11.03.2025 10:23:47 AM
AASHKA HOSPITAL LTD.
SARGASAN
GANDHINAGAR

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

Room:

82 bpm
-- / -- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS :	72 ms	Normal sinus rhythm
QT / QTcBaz :	340 / 397 ms	Normal ECG
PR :	136 ms	
P :	100 ms	
RR / PP :	732 / 731 ms	
P / QRS / T :	59 / 7 / 8 degrees	

