

W

**wellness@mediwheel.in**

To Me

Mar 15, 2023, 5:57 PM

Details



**Mediwheel**  
...Your wellness partner



011-41195959

Email:wellness@mediwheel.in

Dear MR. BAROT PANKAJKUMAR KANTILAL,  
Please find the confirmation for following request.

**Booking Date** : 14-03-2023  
**Package Name** : Medi-Wheel Metro Full Body Health Checkup Male Below 40  
**Name of Diagnostic/Hospital** : Aashka Multispeciality Hospital  
**Address of Diagnostic/Hospital** : Between Sargasan & Reliance Cross Road  
**Contact Details** : 9879752777/7577500900  
**City** : Gandhi Nagar  
**State** : Gujarat  
**Pincode** : 382315  
**Appointment Date** : 25-03-2023  
**Confirmation Status** : Confirmed  
**Preferred Time** : 8:00am-8:30am  
**Comment** : APPOINTMENT TIME 8:00AM

**Instructions to undergo Health Check:**

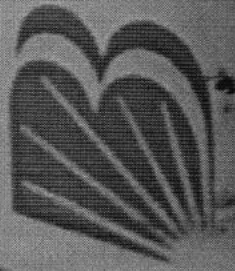
1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
3. Bring urine sample in a container if possible (containers are available at the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

**For Women:**

1. Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
2. 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.



बैंक अणि वसिटा

Bank of Baroda



नाम

Name

Pankajkumar Kantilal Barot

कर्मचारी कूट क्र.

Employee Code No.

179832

जारीकर्ता प्राधिकारी

Issuing Authority



Beegst. P.K

धारक के हस्ताक्षर

Signature of Holder

DR. PRAKASH D MAKWANA  
M.D.  
REG.NO.G-29078  
MO.NO-9722116164

UHID: 00323908	Date: 29/03/23	Time: 3:48PM
Patient Name: PANKAJ	Height: 59.5 331cm	Weight: 33 59.5 kg
Age / Sex: 33M LMP:		
History: C/C/O: ⇒ ROUTINE HEALTH CHECKUP	History: ⇒ N	
Allergy History: N/A	Addiction: —	
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Vitals & Examination: Temperature: (N) Pulse: 69 / MINUTE BP: 110/70 MM HG SPO2: 99%		
Provisional Diagnosis:		

Advice:

Rx

No	Dosage Form	Name of drug (IN BLOCK LETTERS ONLY)	Dose	Route	Frequency	Duration
		ATI		(TX)		NO 1 (E)

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

DR. TAPAS RAVAL  
MBBS . D.O  
(FELLOW IN PHACO & MEDICAL  
RATINA)  
REG.NO.G-21350

UHID:	Date: 25/3/23	Time:
Patient Name: PANKAJ KUMAR BAPOT	Age / Sex: 33 (M)	Height: Weight:
History: C/O Run ch eye		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination: UL. T 616 GIC RN. 2G16 GIC Chen eye red		
Diagnosis:		

Aashka Hospitals Ltd.  
Between Sargasan and Reliance Cross Roads  
Sargasan, Gandhinagar - 382421. Gujarat, India  
Phone: 079-29750750, +91-7575006000 / 9000  
Emergency No.: +91-7575007707 / 9879752777  
www.aashkahospitals.in  
CIN: L85110GJ2012PLC072647



**aashka**  
HOSPITAL



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

UHID:	Date: 25/3/23	Time:
Patient Name: Rankej kumar Borwal	Age/Sex: 33/M.	Height: Weight:
Chief Complain:		
History: Routine dental check up.		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination: Stain +++		
Extra oral: Cellulitis +		
Intra oral - Teeth Present : → Impacted teeth — 8		
Teeth Absent :		
Diagnosis:		

87 bpm  
-- / -- mmHg

Room: C 6 0459 101 D 942 #

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

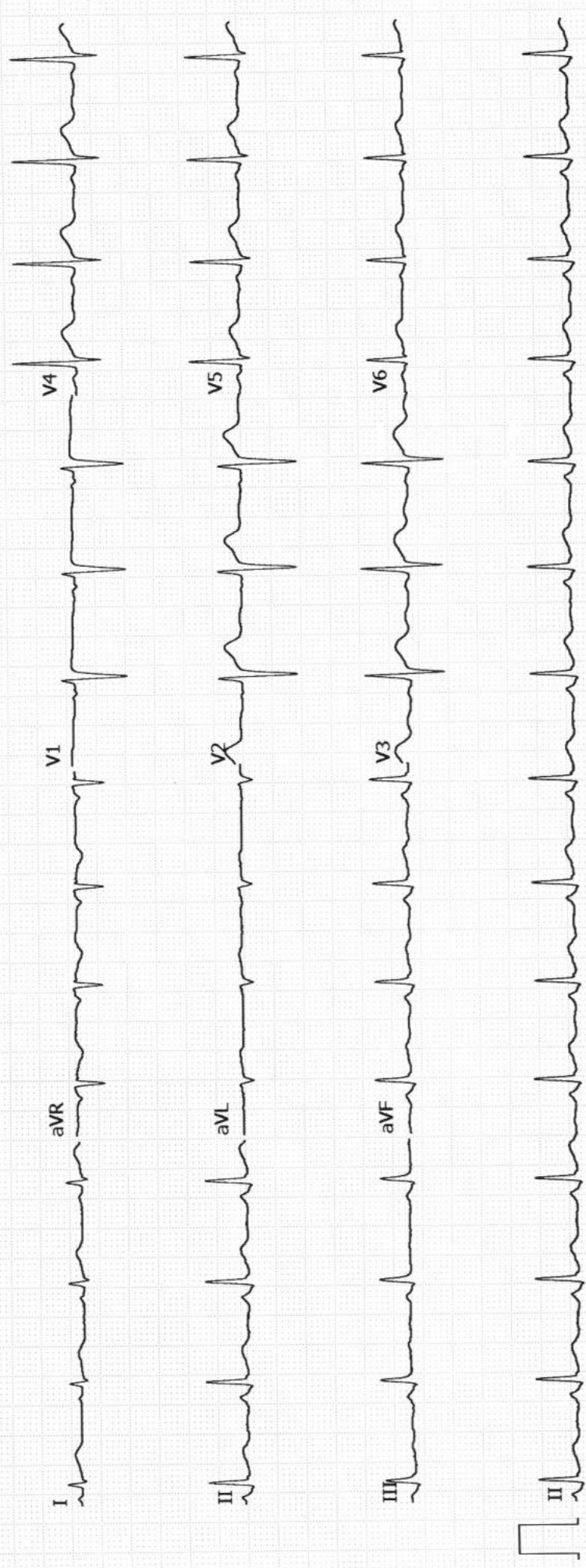
25.03.2023 10:50:50 AM  
AASHKA HOSPITAL LTD.  
SARGASAN  
GANDHINAGAR

Contrast 226 166 05

Barot, Pankajkumar

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

Normal sinus rhythm  
Normal ECG  
QRS : 76 ms  
QT / QTcBaz : 336 / 404 ms  
PR : 122 ms  
P : 100 ms  
RR / PP : 686 / 689 ms  
P / QRS / T : 71 / 77 / 53 degrees



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CIN: L85110GJ2012PLC072647

**PATIENT NAME: PANKAJKUMAR K BAROT****GENDER/AGE: Male / 33 Years****DATE: 25/03/23****DOCTOR: DR. HASIT JOSHI****OPDNO: O0323908****2D-ECHO**

MITRAL VALVE	: MILD MVP	
AORTIC VALVE	: NORMAL	
TRICUSPID VALVE	: NORMAL	
PULMONARY VALVE	: NORMAL	
AORTA	: 27mm	
LEFT ATRIUM	: 28mm	
LV Dd / Ds	: 36/23mm	EF 60%
IVS / LVPW / D	: 9/9mm	
IVS	: INTACT	
IAS	: INTACT	
RA	: NORMAL	
RV	: NORMAL	
PA	: NORMAL	
PERICARDIUM	: NORMAL	
VEL	: PEAK	MEAN
M/S	: Gradient mm Hg	Gradient mm Hg
MITRAL	: 0.9/0.7m/s	
AORTIC	: 1.0m/s	
PULMONARY	: 1.0m/s	
COLOUR DOPPLER	: MILD MR/TR	
RVSP	: 28mmHg	
CONCLUSION	: MILD MVP, MILD MR/TR; MILD TR, NO PAH; NORMAL LV SIZE / SYSTOLIC FUNCTION.	

  
x  
**CARDIOLOGIST****DR. HASIT JOSHI (9825012235)**



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CIN: L85110GJ2012PLC072647



**PATIENT NAME:**PANKAJKUMAR K BAROT

**GENDER/AGE:**Male / 33 Years

**DATE:**25/03/23

**DOCTOR:**

**OPDNO:**O0323908

**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 9.9 x 4.3 cms in size.

Left kidney measures about 10.1 x 4.0 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 96 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 B. PRAJAPATI, G-0064

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CIN: L85110GJ2012PLC072647



**PATIENT NAME: PANKAJKUMAR K BAROT**

**GENDER/AGE: Male / 33 Years**

**DATE: 25/03/23**

**DOCTOR:**

**OPDNO: 00323908**

**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**



## LABORATORY REPORT



Name : PANKAJKUMAR K BAROT	Sex/Age : Male / 33 Years	Case ID : 30302200626
Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 2637445
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 25-Mar-2023 09:00	Sample Type :	Mobile No :
Sample Date and Time : 25-Mar-2023 09:00	Sample Coll. By :	Ref Id1 : OO323908
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 : O222310071

### Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
<b>Haemogram (CBC)</b>			
PCV(Calc)	39.70	%	40.00 - 50.00
Lymphocyte	42.0	%	20.00 - 40.00
Lymphocyte	3402	/ $\mu$ L	1000.00 - 3000.00
<b>Lipid Profile</b>			
HDL Cholesterol	42.2	mg/dL	48 - 77
ESR	31	mm after 1hr	3 - 15

Abnormal Result(s) Summary End

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

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LABORATORY REPORT



Name : PANKAJKUMAR K BAROT Sex/Age : Male / 33 Years Case ID : 30302200626  
 Ref.By : AASHKA HOSPITAL Dis. At : Pt. ID : 2637445  
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 25-Mar-2023 09:00 Sample Type : Whole Blood EDTA Mobile No :  
 Sample Date and Time : 25-Mar-2023 09:00 Sample Coll. By : Ref Id1 : OO323908  
 Report Date and Time : 25-Mar-2023 09:28 Acc. Remarks : Normal Ref Id2 : O222310071

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin (Colorimetric)	13.4	G%	13.00 - 17.00
RBC (Electrical Impedance)	4.59	millions/cumm	4.50 - 5.50
PCV(Calc)	L 39.70	%	40.00 - 50.00
MCV (RBC histogram)	86.5	fL	83.00 - 101.00
MCH (Calc)	29.2	pg	27.00 - 32.00
MCHC (Calc)	33.7	gm/dL	31.50 - 34.50
RDW (RBC histogram)	14.20	%	11.00 - 16.00

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

		UNIT	EXPECTED VALUES	[Abs]	EXPECTED VALUES
Total WBC Count	8100	/μL	4000.00 - 10000.00		
Neutrophil	[%] 48.0	%	40.00 - 70.00	3888	/μL 2000.00 - 7000.00
Lymphocyte	H 42.0	%	20.00 - 40.00	H 3402	/μL 1000.00 - 3000.00
Eosinophil	2.0	%	1.00 - 6.00	162	/μL 20.00 - 500.00
Monocytes	7.0	%	2.00 - 10.00	567	/μL 200.00 - 1000.00
Basophil	1.0	%	0.00 - 2.00	81	/μL 0.00 - 100.00

PLATELET COUNT (Optical)

Platelet Count	294000	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	1.14		0.78 - 3.53

SMEAR STUDY

RBC Morphology	Normocytic Normochromic RBCs.
WBC Morphology	Lymphocytosis
Platelet	Platelets are adequate in number.
Parasite	Malarial Parasite not seen on smear.

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

*Shah*

Dr. Manoj Shah  
M.D. (Path. & Bact.)

Dr. Shreya Shah  
M.D. (Pathologist)

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Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 25-Mar-2023 09:00	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 25-Mar-2023 09:00	Sample Coll. By :	Ref Id1 : OO323908
Report Date and Time : 25-Mar-2023 10:40	Acc. Remarks : Normal	Ref Id2 : O222310071

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR	H 31	mm after 1hr	3 - 15	

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

**Dr. Manoj Shah**  
M.D. (Path. & Bact.)

**Dr. Shreya Shah**  
M.D. (Pathologist)

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Name : PANKAJKUMAR K BAROT      Sex/Age : Male / 33 Years      Case ID : 30302200626  
Ref.By : AASHKA HOSPITAL      Dis. At :      Pt. ID : 2637445  
Bill. Loc. : Aashka hospital      Pt. Loc. :

Reg Date and Time : 25-Mar-2023 09:00      Sample Type : Whole Blood EDTA      Mobile No :  
Sample Date and Time : 25-Mar-2023 09:00      Sample Coll. By :      Ref Id1 : OO323908  
Report Date and Time : 25-Mar-2023 09:28      Acc. Remarks : Normal      Ref Id2 : O222310071

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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M.D. (Path. & Bact.)

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M.D. (Pathologist)

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 Bill. Loc. : Aashka hospital      Pt. Loc :

Reg Date and Time : 25-Mar-2023 09:00      Sample Type : Spot Urine      Mobile No :  
 Sample Date and Time : 25-Mar-2023 09:00      Sample Coll. By :      Ref Id1 : OO323908  
 Report Date and Time : 25-Mar-2023 10:15      Acc. Remarks : Normal      Ref Id2 : O222310071

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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### URINE EXAMINATION (STRIP METHOD AND FLOWCYTOMETRY)

Physical examination

Colour : Pale yellow  
 Transparency : Clear

Chemical Examination By Sysmex UC-3500

Sp.Gravity	>1.025		1.005 - 1.030
pH	<5.5		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

Flowcytometric Examination By Sysmex UF-5000

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

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

**Dr. Manoj Shah**  
 M.D. (Path. & Bact.)

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## LABORATORY REPORT



Name : PANKAJKUMAR K BAROT      Sex/Age : Male / 33 Years      Case ID : 30302200626  
 Ref.By : AASHKA HOSPITAL      Dis. At :      Pt. ID : 2637445  
 Bill. Loc. : Aashka hospital      Pt. Loc :

Reg Date and Time : 25-Mar-2023 09:00      Sample Type : Spot Urine      Mobile No :  
 Sample Date and Time : 25-Mar-2023 09:00      Sample Coll. By :      Ref Id1 : OO323908  
 Report Date and Time : 25-Mar-2023 10:15      Acc. Remarks : Normal      Ref Id2 : O222310071

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	-	-	-	-	-

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

*Shah*

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 Ref.By : AASHKA HOSPITAL      Dis. At :      Pt. ID : 2637445  
 Bill. Loc. : Aashka hospital      Pt. Loc. :

Reg Date and Time : 25-Mar-2023 09:00      Sample Type : Serum      Mobile No :  
 Sample Date and Time : 25-Mar-2023 09:00      Sample Coll. By :      Ref Id1 : OO323908  
 Report Date and Time : 25-Mar-2023 11:13      Acc. Remarks : Normal      Ref Id2 : O222310071

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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**BIOCHEMICAL INVESTIGATIONS**

**Lipid Profile**

<b>Cholesterol</b> <i>Colorimetric, CHOD-POD</i>	138.52	mg/dL	110 - 200	
<b>HDL Cholesterol</b>	L 42.2	mg/dL	48 - 77	
<b>Triglyceride</b> <i>Colorimetric-Arsenazo Method</i>	137.11	mg/dL	40 - 200	
<b>VLDL</b> <i>Calculated</i>	27.42	mg/dL	10 - 40	
<b>Chol/HDL</b> <i>Calculated</i>	3.28		0 - 4.1	
<b>LDL Cholesterol</b> <i>Calculated</i>	68.90	mg/dL	65 - 100	

**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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*Shah*

**Dr. Manoj Shah**  
M.D. (Path. & Bact.)

**Dr. Shreya Shah**  
M.D. (Pathologist)

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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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### BIOCHEMICAL INVESTIGATIONS

#### Liver Function Test

<b>S.G.P.T.</b> <i>UV with P5P</i>	40.56	U/L	16 - 63	
<b>S.G.O.T.</b> <i>UV with P5P</i>	17.83	U/L	15 - 37	
<b>Alkaline Phosphatase</b> <i>Enzymatic, PNPP-AMP</i>	89.23	U/L	46 - 116	
<b>Gamma Glutamyl Transferase</b> <i>Enzymatic</i>	21.60	U/L	0.00 - 64.00	
<b>Proteins (Total)</b> <i>Colorimetric, Biuret</i>	7.28	gm/dL	6.4 - 8.2	
<b>Albumin</b> <i>Bromocresol purple</i>	4.51	gm/dL	3.4 - 5	
<b>Globulin</b> <i>Calculated</i>	2.77	gm/dL	2 - 4.1	
<b>A/G Ratio</b> <i>Calculated</i>	1.6		1.0 - 2.1	
<b>Bilirubin Total</b>	0.22	mg/dL	0.2 - 1.0	
<b>Bilirubin Conjugated</b> <i>Diazotized Sulfanilic Acid Method</i>	0.12	mg/dL	0 - 0.20	
<b>Bilirubin Unconjugated</b> <i>Calculated</i>	0.10	mg/dL	0 - 0.8	

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*Shah*

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M.D. (Path. & Bact.)

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LABORATORY REPORT



Name : PANKAJKUMAR K BAROT      Sex/Age : Male / 33 Years      Case ID : 30302200626  
 Ref.By : AASHKA HOSPITAL      Dis. At :      Pt. ID : 2637445  
 Bill. Loc. : Aashka hospital      Pt. Loc :

Reg Date and Time : 25-Mar-2023 09:00	Sample Type : Serum	Mobile No :
Sample Date and Time : 25-Mar-2023 09:00	Sample Coll. By :	Ref Id1 : OO323908
Report Date and Time : 25-Mar-2023 11:13	Acc. Remarks : Normal	Ref Id2 : O222310071

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>BUN (Blood Urea Nitrogen)</b> <i>GLDH</i>	<b>12.9</b>	mg/dL	6.00 - 20.00	
<b>Creatinine</b>	<b>1.04</b>	mg/dL	0.50 - 1.50	
<b>Uric Acid</b> <i>Uricase</i>	<b>5.58</b>	mg/dL	3.5 - 7.2	

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

*Shah*

**Dr. Manoj Shah**  
M.D. (Path. & Bact.)

**Dr. Shreya Shah**  
M.D. (Pathologist)

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 Bill. Loc. : Aashka hospital      Pt. Loc :

Reg Date and Time : 25-Mar-2023 09:00      Sample Type : Whole Blood EDTA      Mobile No :  
 Sample Date and Time : 25-Mar-2023 09:00      Sample Coll. By :      Ref Id1 : OO323908  
 Report Date and Time : 25-Mar-2023 09:49      Acc. Remarks : Normal      Ref Id2 : O222310071

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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**Glycated Haemoglobin Estimation**

HbA1C	5.24	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
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Estimated Avg Glucose (3 Mths) <i>Calculated</i>	103.69	mg/dL		
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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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Reg Date and Time : 25-Mar-2023 09:00	Sample Type : Serum	Mobile No :
Sample Date and Time : 25-Mar-2023 09:00	Sample Coll. By :	Ref Id1 : OO323908
Report Date and Time : 25-Mar-2023 10:15	Acc. Remarks : Normal	Ref Id2 : O222310071

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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### Thyroid Function Test

Triiodothyronine (T3)	123.46	ng/dL	70 - 204	
Thyroxine (T4) <small>CMIA</small>	9.6	ng/dL	4.6 - 10.5	
TSH <small>CMIA</small>	4.119	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

First trimester  
 Second trimester  
 Third trimester

### Reference range (microIU/ml)

0.24 - 2.00  
 0.43-2.2  
 0.8-2.5

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

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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/↑	↓

----- 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)

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