

Health Check up Booking Confirmed Request(bobES0005),Package Code-PKG10000240,
Beneficiary Code-9885

Wellness - Mediwheel - New Delhi <wellness@mediwheel.in>

Sat Nov 11, 2023, 11:21

To: pravinfaneja57@gmail.com <pravinfaneja57@gmail.com>

CC: Customer Care - Mediwheel - New Delhi <customer.care@mediwheel.in>



011-41195959

Email:wellness@mediwheel.in

Dear **MR. FANEJA PRAVINKUMAR NAVJIBHAI**,

Please find the confirmation for following request.

Booking Date : 04-11-2023
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 : 987975277/77577500900
City : Gandhi Nagar
State : Gujarat
Pincode : 382315
Appointment Date : 25-11-2023
Confirmation Status : Confirmed
Preferred Time : 8:00am-8:30am
Comment : APPOINTMENT TIME 8:30AM

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.



25.11.2023 10:51:57 AM
ASHRA HOSPITAL LTD.
SARGASAN
GANDHINAGAR

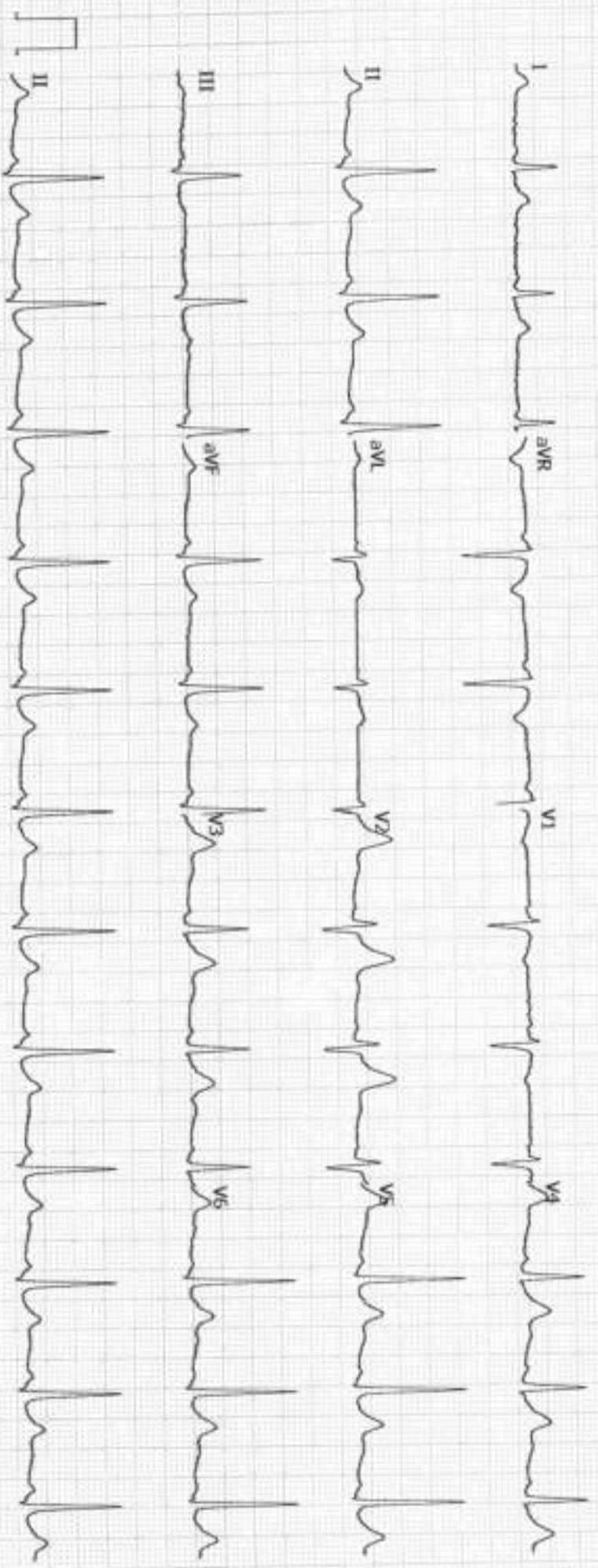
Location: 1
Order Number:
Indication:
Medication 1:
Medication 2:
Medication 3:

74 bpm
- / - mmHg

Technician:
Ordering Pk:
Referring Pk:
Attending Pk:

QRS : 84 ms
QT / QTc Baz : 366 / 406 ms
PR : 108 ms
P : 82 ms
RR / PP : 814 / 810 ms
P / QRS / T : 56 / 68 / 48 degrees

Sinus rhythm with short PR
Otherwise normal ECG



GE MAC2000 1.1 12SL™ V241

25 mm/s 10 mm/mV

ADS 0.50-20 Hz 50 Hz

Unconfirmed
4x2.5x3.25_R1 1/1

COLOUR DOPPLER ECHOCARDIOGRAPH REPORT

Patient's Name : Pranikumar Jariya Age : _____ Sex : _____
 Ref. by Doctor : _____ IP/OP No. : OSP 32392 Date : 25/11/23

MITRAL VALVE :
 AORTIC VALVE :
 TRICUSPID VALVE : | D
 PULMONARY VALVE :

AORTA : 30
 LEFT ATRIUM : 32
 LV Dd/ Ds : 39/27 EF 65%

IVS / LVPW / D : 10/9
 IVS : | Intact
 IAS :

RA :
 RV : | L
 LA :

PERICARDIUM : |

VEL :	PEAK	MEAN
M/S :	Gradient mm Hg	Gradient mm Hg

MITRAL : | 0.7
 AORTIC : 1.4
 PULMONARY : 1.2
 COLOUR DOPPLER : Trivial MR/TR

RSVP :
 CONCLUSION : Ⓜ LV size/systemic for

COLOUR DOPPLER ECHOCARDIOGRAPH REPORT



LABORATORY REPORT



Name : PRAVINKUMAR NAVJIBHAI FANEJA	Sex/Age : Male / 39 Years	Case ID : 31102200532
Ref By : HOSPITAL	Dis. At :	Pt. ID : 3150511
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 25-Nov-2023 09:05	Sample Type :	Mobile No :
Sample Date and Time : 25-Nov-2023 09:05	Sample Coll. By :	Ref Id1 : OSP32392
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 : O23247823

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Blood Glucose Fasting & Postprandial			
Plasma Glucose - F	110.85	mg/dL	70 - 100
Haemogram (CBC)			
Haemoglobin	10.0	G%	13.00 - 17.00
PCV (Calc)	32.67	%	40.00 - 50.00
MCV (RBC histogram)	68.2	fL	83.00 - 101.00
MCH (Calc)	21.0	pg	27.00 - 32.00
MCHC (Calc)	30.7	gm/dL	31.50 - 34.50
RDW (RBC histogram)	16.40	%	11.00 - 16.00
Lipid Profile			
HDL Cholesterol	47.4	mg/dL	48 - 77
LDL Cholesterol	126.64	mg/dL	0.00 - 100.00
Liver Function Test			
S G O T	66.43	U/L	15 - 37
Gamma Glutamyl Transferase	85.31	U/L	0 - 55
A/G Ratio	2.4		1.0 - 2.1
Uric Acid	3.20	mg/dL	3.5 - 7.2

Abnormal Result(s) Summary End

N:Normal W:Warning L:Low H:High VH:VeryHigh A:Abnormal

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LABORATORY REPORT



Name: **PRAVINKUMAR NAVJIBHAI FANEJA** Sex/Age: **Male / 39 Years** Case ID: **31102200532**
 Ref By: **HOSPITAL** Dis. At: Pt. ID: **3150511**
 Bill Loc: **Aashka hospital** Pt. Loc:

Reg Date and Time: **25-Nov-2023 09:05** Sample Type: **Whole Blood EDTA** Mobile No:
 Sample Date and Time: **25-Nov-2023 09:05** Sample Coll. By:
 Report Date and Time: **25-Nov-2023 09:23** Acc. Remarks: **Normal** Ref Id1: **OSP32392**
 Ref Id2: **O23247823**

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin	L 10.0	G%	13.00 - 17.00
RBC (Electrical Impedance)	4.79	millions/cumm	4.50 - 5.50
PCV(Calc)	L 32.67	%	40.00 - 50.00
MCV (RBC histogram)	L 68.2	fL	83.00 - 101.00
MCH (Calc)	L 21.0	pg	27.00 - 32.00
MCHC (Calc)	L 30.7	gm/dL	31.50 - 34.50
RDW (RBC histogram)	H 16.40	%	11.00 - 16.00

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

TEST	RESULTS	UNIT	EXPECTED VALUES	(Abs)	EXPECTED VALUES
Total WBC Count	6420	/μL	4000.00 - 10000.00		
Neutrophil	(%) 51.0	%	40.00 - 70.00	3274	/μL 2000.00 - 7000.00
Lymphocyte	40.0	%	20.00 - 40.00	2568	/μL 1000.00 - 3000.00
Eosinophil	3.0	%	1.00 - 6.00	193	/μL 20.00 - 500.00
Monocytes	5.0	%	2.00 - 10.00	321	/μL 200.00 - 1000.00
Basophil	1.0	%	0.00 - 2.00	64	/μL 0.00 - 100.00

PLATELET COUNT (Optical)

Platelet Count	364000	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	1.27		0.78 - 3.53

SMEAR STUDY

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

Note: (L) Very Low (L) Low (H) High (HH) Very High (A) Abnormal

Dr. Shreya Shah

M.D. Pathology

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LABORATORY REPORT



Name: **PRAVINKUMAR NAVJIBHAI FANEJA** Sex/Age: **Male / 39 Years** Case ID: **31102200532**
Ref By: **HOSPITAL** Dis. At: Pt. ID: **3150511**
Bill. Loc: **Aashka hospital** Pt. Loc:

Reg. Date and Time: 25-Nov-2023 09:05	Sample Type: Whole Blood EDTA	Mobile No:
Sample Date and Time: 25-Nov-2023 09:05	Sample Coll. By:	Ref Id1: OSP32392
Report Date and Time: 25-Nov-2023 10:08	Acc. Remarks: Normal	Ref Id2: O23247823

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

NOTE: V.L-VeryLow L-Low H-High HH-VeryHigh A-Abnormal

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LABORATORY REPORT



Name: PRAVINKUMAR NAVJIBHAI FANEJA	Sex/Age: Male / 39 Years	Case ID: 31102200532
Ref By: HOSPITAL	Dis. At:	Pt. ID: 3150511
Bill Loc: Aashka hospital		Pt. Loc:
Reg Date and Time: 25-Nov-2023 09:05	Sample Type: Whole Blood EDTA	Mobile No:
Sample Date and Time: 25-Nov-2023 09:05	Sample Coll. By:	Ref Id1: OSP32392
Report Date and Time: 25-Nov-2023 09:23	Acc. Remarks: Normal	Ref Id2: O23247823

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	A
Rh Type	POSITIVE

WBC: 11.2 /mm³ (W.B. EDW H-High HH-VeryHigh A-Abnormal)

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MD Pathologist

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LABORATORY REPORT



Name: PRAVINKUMAR NAVJIBHAI FANEJA	Sex/Age: Male / 39 Years	Case ID: 31102200532
Ref by: HOSPITAL	Dis. At: 	Pt. ID: 3150511
Ref Loc: Aashka hospital		Pt. Loc:
Reg Date and Time: 25-Nov-2023 09:05	Sample Type: Spot Urine	Mobile No:
Sample Date and Time: 25-Nov-2023 09:05	Sample Coll. By: 	Ref Id1: OSP32392
Report Date and Time: 25-Nov-2023 09:23	Acc. Remarks: Normal	Ref Id2: O23247823

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	6.50		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: (L - Very Low, 1 - Low, H - High, HH - Very High) A - Abnormal

Dr. Shreya Shah

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LABORATORY REPORT



Name: **PRAVINKUMAR NAVJIBHAI FANEJA** Sex/Age: **Male / 39 Years** Case ID: **31102200532**
 Ref By: **HOSPITAL** Dis. At: Pt. ID: **3150511**
 Bill Loc: **Aashka hospital** Pt. Loc:
 Reg Date and Time: **25-Nov-2023 09:05** Sample Type: **Spot Urine** Mobile No:
 Sample Date and Time: **25-Nov-2023 09:05** Sample Coll. By: Ref Id1: **OSP32392**
 Report Date and Time: **25-Nov-2023 09:23** Acc. Remarks: **Normal** Ref Id2: **O23247823**

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	+	++	+++	++++
Leucocytes (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: (L - Very Low, H - High, HH - Very High, A - Abnormal)

Dr. Shreya Shah

MBB (Pathologist)

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LABORATORY REPORT



Name	PRAVINKUMAR NAVJIBHAI FANEJA	Sex/Age	Male / 39 Years	Case ID	31102200532
Ref By	HOSPITAL	Dis. At		Pt. ID	3150511
Bill Loc	Aashka hospital			Pt. Loc	
Reg Date and Time	25-Nov-2023 09:05	Sample Type	Plasma Fluoride F, Plasma Fluoride PP	Mobile No	
Sample Date and Time	25-Nov-2023 09:05	Sample Coll. By		Ref Id1	OSP32392
Report Date and Time	25-Nov-2023 13:11	Acc. Remarks	Normal	Ref Id2	O23247823
TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS	

BIOCHEMICAL INVESTIGATIONS

Blood Glucose Level (Fasting & Post Prandial)

Plasma Glucose - F <small>Photometric Hexokinase</small>	H	110.85	mg/dL	70 - 100
Plasma Glucose - PP <small>Photometric Hexokinase</small>		117.36	mg/dL	70.0 - 140.0

Reference range has been changed as per recent guidelines of ISPAD 2018.

- 100 mg/dL - Normal level
- 126 - 199 mg/dL - Impaired fasting glucose per guidelines
- ≥ 200 mg/dL - Probability of Diabetes. Confirm as per guidelines

Normal (N) Abnormal (A) Low (L) High (H) Very High (VH) Abnormal (A)

Dr. Shreya Shah

MBBS, Pathologist

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LABORATORY REPORT



Name: **PRAVINKUMAR NAVJIBHAI FANEJA** Sex/Age: **Male / 39 Years** Case ID: **31102200532**
 Ref By: **HOSPITAL** Dis. At: Pt. ID: **3150511**
 Bill Loc: **Aashka hospital** Pt. Loc:

Reg Date and Time: **25-Nov-2023 09:05** Sample Type: **Serum** Mobile No:
 Sample Date and Time: **25-Nov-2023 09:05** Sample Coll. By:
 Report Date and Time: **25-Nov-2023 10:11** Acc. Remarks: **Normal** Ref Id1: **OSP32392**
 Ref Id2: **O23247823**

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol <small>Cholesterol CHOD-PAP</small>	188.62	mg/dL	110 - 200	
HDL Cholesterol	L 47.4	mg/dL	48 - 77	
Triglyceride <small>Triglyceride Phosphate Oxidase</small>	72.89	mg/dL	<150	
VLDL <small>VLDL</small>	14.58	mg/dL	10 - 40	
Chol/HDL <small>Chol/HDL</small>	3.98		0 - 4.1	
LDL Cholesterol <small>LDL Cholesterol</small>	H 126.64	mg/dL	0.00 - 100.00	

NEW ATP III GUIDELINES (MAY 2001) MODIFICATION OF NCEP

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

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

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

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M.D. Pathology

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LABORATORY REPORT



Name	PRAVINKUMAR NAVJIBHAI FANEJA	Sex/Age	Male / 39 Years	Case ID	: 31102200532
Ref By	HOSPITAL	Dis. At	:	Pt. ID	: 3150511
Ref Loc	Aastka hospital			Pt. Loc	:
Reg (Date and Time)	25-Nov-2023 09:05	Sample Type	: Serum	Mobile No	:
Sample Date and Time	25-Nov-2023 09:05	Sample Coll. By	:	Ref Id1	: OSP32392
Report Date and Time	25-Nov-2023 10:11	Acc. Remarks	: Normal	Ref Id2	: O23247823

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Liver Function Test

S.G.P.T. <small>(U/L) (ALT) (PSP)</small>	59.53	U/L	16 - 63	
S.G.O.T. <small>(U/L) (AST) (ASP)</small>	H 66.43	U/L	15 - 37	
Alkaline Phosphatase <small>(U/L) (ALP) (ALP) (AMP)</small>	91.75	U/L	46 - 116	
Gamma Glutamyl Transferase <small>(U/L) (GGT) (GGT) (GGT) (GGT)</small>	H 85.31	U/L	0 - 55	
Proteins (Total) <small>(g/dL) (TP) (TP)</small>	6.77	gm/dL	6.40 - 8.30	
Albumin <small>(g/dL) (ALB) (ALB)</small>	4.77	gm/dL	3.4 - 5	
Globulin <small>(g/dL) (GLOB) (GLOB)</small>	2.00	gm/dL	2 - 4.1	
A/G Ratio <small>(Calculated)</small>	H 2.4		1.0 - 2.1	
Bilirubin Total <small>(mg/dL) (BIL) (BIL)</small>	0.38	mg/dL	0.3 - 1.2	
Bilirubin Conjugated <small>(mg/dL) (CONJ) (CONJ)</small>	0.14	mg/dL	0 - 0.50	
Bilirubin Unconjugated <small>(mg/dL) (UNCONJ) (UNCONJ)</small>	0.24	mg/dL	0 - 0.8	

Units: L: Very Low; E: Low; H: High; HH: Very High; A: Abnormal

Dr. Shreya Shah

M.D. (Pathologist)

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LABORATORY REPORT



Name: **PRAVINKUMAR NAVJIBHAI FANEJA** Sex/Age : **Male / 39 Years** Case ID : **31102200532**
 Ref By: **HOSPITAL** Dis. At : Pt. ID : **3150511**
 Bill Loc: **Aashka hospital** Pt. Loc :

Reg Date and Time: **25-Nov-2023 09:05** Sample Type : **Serum** Mobile No :
 Sample Date and Time: **25-Nov-2023 09:05** Sample Coll. By : Ref Id1 : **OSP32392**
 Report Date and Time: **25-Nov-2023 10:11** Acc. Remarks : **Normal** Ref Id2 : **O23247823**

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BUN (Blood Urea Nitrogen)	15.6	mg/dL	8.90 - 20.60	
Creatinine	0.64	mg/dL	0.50 - 1.50	
Uric Acid <small>(urate)</small>	L 3.20	mg/dL	3.5 - 7.2	

Units: V=Very Low L=Low H=High HH=Very High A=Abnormal

Dr. Shreya Shah

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LABORATORY REPORT



Name	PRAVINKUMAR NAVJIBHAI FANEJA	Sex/Age	Male / 39 Years	Case ID	: 31102200532
Ref By	HOSPITAL	Dis. At	:	Pt. ID	: 3150511
Bill Loc	Aashka hospital			Pt. Loc	:
Reg Date and Time	25-Nov-2023 09:05	Sample Type	: Whole Blood EDTA	Mobile No	:
Sample Date and Time	25-Nov-2023 09:05	Sample Coll. By	:	Ref Id1	: OSP32392
Report Date and Time	25-Nov-2023 09:36	Acc. Remarks	: Normal	Ref Id2	: O23247823

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Glycated Haemoglobin Estimation				
HbA1C	5.58	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) <small>Calculated</small>	113.45	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 hemoglobin types of rare variant Hb(Cc,55,EE,5C) HbA1c can not be quantitated as there is no HbA.
- In some circumstances glycemic control can be monitored using plasma glucose levels or serum Fructosamine.
- HbA1c 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.

N: N (Normal) L: Low H: High HH: Very High A: Abnormal

Dr. Shreya Shah

MD (Pathology)

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LABORATORY REPORT



Name	PRAVINKUMAR NAVJIBHAI FANEJA	Sex/Age	Male / 39 Years	Case ID	31102200532
Ref By	HDSPITAL	Dis. At		Pt. ID	3150511
Ref Loc	Aashka hospital			Pt. Loc	
Reg Date and Time	25-Nov-2023 09:05	Sample Type	Serum	Mobile No	
Sample Date and Time	25-Nov-2023 09:05	Sample Coll. By		Ref Id1	OSP32392
Report Date and Time	25-Nov-2023 10:07	Acc. Remarks	Normal	Ref Id2	O23247823

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Thyroid Function Test				
Triiodothyronine (T3)	80.21	ng/dL	70 - 204	
Thyroxine (T4) <small>CMA</small>	6.31	ng/dL	4.87 - 11.72	
TSH <small>TPO</small>	1.16	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 (microu/ml)

0.24 - 2.00
0.43-2.2
0.8-2.5

Legend: L-Low H-High HH-VeryHigh A-Abnormal

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MD (Pathologist)

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LABORATORY REPORT



Name	PRAVINKUMAR NAVJIBHAI FANEJA	Sex/Age	Male / 39 Years	Case ID	31102200532
Ref By	HOSPITAL	Dis. At		Pt. ID	3150511
Bil. Loc.	Aashka hospital			Pt. Loc	
Reg. Date and Time	25-Nov-2023 09:05	Sample Type	Serum	Mobile No	
Sample Date and Time	25-Nov-2023 09:05	Sample Coll. By		Ref Id1	OSP32392
Report Date and Time	25-Nov-2023 10:07	Acc. Remarks	Normal	Ref Id2	O23247823

Interpretation Note:

The thyroid-stimulating hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitary-thyroid axis, s-TSH is the most sensitive physiologic indicator of the functional level of thyroid hormone activity. Increased s-TSH indicates inadequate thyroid hormone, and decreased s-TSH indicates excess thyroid hormone. Transient s-TSH abnormalities may be found in seriously ill, hospitalized patients, so this is not the ideal test to screen thyroid function. However, even in these patients, s-TSH works better than total thyroxine (an alternative screening test), when the s-TSH 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.

Free 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	0.6-2.5

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

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

R 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.

N:Normal | W:Write | L:Low | H:High | HH:VeryHigh | A:Abnormal

Dr. Shroya Shah

M.D. Pathologist

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Printed On : 25-Nov-2023 15:30



Neuberg Supratech Reference Laboratories Private Limited

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PATIENT NAME: PRAVINKUMAR NAVJIBHAI FANEJA

GENDER/AGE: Male / 39 Years

DATE: 25/11/23

DOCTOR:

OPDNO: OSP32392

X-RAY CHEST PA

Both lung fields appear clear

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.

Impression: Normal Chest X-ray examination.



RADIOLOGIST

DR. MEHUL PATELIYA

REPORT REPORT REPORT

PATIENT NAME: PRAVINKUMAR NAVJIBHAI FANEJA

GENDER/AGE: Male / 39 Years

DATE: 25/11/23

DOCTOR:

OPDNO: OSP32392

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.

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.

Approx 9x38 mm sized isoechoic lesion seen in intramuscular layer in left hypochondric region, suggestive of intramuscular lipoma appears likely.

COMMENT:

- Intramuscular lipoma in left hypochondric region.
- Normal sonographic appearance of liver, GB; Pancreas, spleen, kidneys, para-aortic region, bladder and prostate.



RADIOLOGIST

DR. MEHUL PATELIYA

REPORT

DR. PRERAK TRIVEDI
M.D., IDCCM
CRITICAL CARE MEDICINE
REG.NO.G-59493


UHIP: <u>OSP 32392</u>		Date: <u>25/11/23</u>	Time: <u>4:25 PM</u>
Patient Name: <u>Pravin Kumar Feneja</u>		Height:	
Age / Sex: <u>39 y / M</u>	LMP:	Weight:	
History: J/C/O: <u>NAD</u>		History: <u>NAD</u>	
Allergy History: <u>L</u>		Addiction: <u>L</u>	
Nutritional Screening: <u>Well-Nourished</u> / Malnourished / Obese			
Vitals & Examination: Temperature: <u>Normal</u> Pulse: <u>75/min</u> BP: <u>108/70 mmHg</u> SPO2: <u>97% on RA</u>			
Provisional Diagnosis:			

Advice:

↑ Liquid Intake
3-4 Lit/day

Rx

No	Dosage Form	Name of drug (IN BLOCK LETTERS ONLY)	Dose	Route	Frequency	Duration

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

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

UHID: 05P32392	Date:	Time:
Patient Name: Pooja Kulkarni, Fdnagar	Age / Sex: 39/M.	Height: 158 cm
	Weight: 56 kg	
Chief Complain:		
History: Routine dental check up.		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination: ✓		
Extra oral: -		
Intra oral - Teeth Present: Stain ++ Caries +		
Teeth Absent: → Paced present rest c/s		
Diagnosis:		

Rx

No	Dosage Form	Name of drug (IN BLOCK LETTERS ONLY)	Dose	Route	Frequency	Duration

Other Advice:

① Saline

② Aug. 1st etc

Follow-up:

Consultant's Sign:

Lejeu

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

OSP 32392

UHID: _____ Date: 25/11/23 Time: 11:24

Patient Name: P. Swamy _____ Age/Sex: 37/M
Height: 158 cm
Weight: 56 kg

History: Company worker

Allergy History: _____

Nutritional Screening: Well-Nourished / Malnourished / Obese

Examination:
W 26/6
S 16
N 16 to 75 with N 16
Cold's Virus - N 16

Diagnosis: P. Swamy

Rx

No	Dosage Form	Name of drug (IN BLOCK LETTERS ONLY)	Dose	Route	Frequency	Duration

Eye examination:

	RIGHT			LEFT		
	S	C	A	S	C	A
D						
N	4075	-	-	4075		

Other Advice:

Follow-up:

Consultant's Sign:

