

**Health Check up Booking Confirmed Request(bobE6947),Package Code-  
PKG10000474, Beneficiary Code-291949**

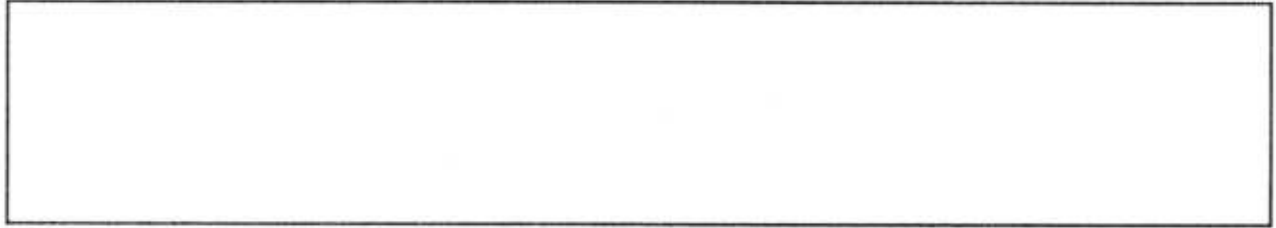
Mediwheel <wellness@mediwheel.in>

Tue 2/13/2024 6:02 PM

To:Tarun Mallara <TARUN,MALLARA@bankofbaroda.com>

Cccustomer@mediwheel.in <customer@mediwheel.in>

You don't often get email from wellness@mediwheel.in. [Learn why this is important](#)



**011-41195959**

Dear **TARUN MALLARA,**

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

**Booking Date** : 29-01-2024

**Hospital Package Name** : Mediwheel Full Body Health Checkup Male Below 40

**Patient 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, Gandhinagar  
-0382421

**City** : Gandhi Nagar

**State** :

**Pincode** : 382421

**Appointment Date** : 24-02-2024

**Confirmation Status** : Booking Confirmed

**Preferred Time** : 8:30am

**Booking Status** : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
MR. MALLARA TARUN	32 year	Male

Note - Please note to not pay any amount .

**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).



LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,  
Mediwheel (Arcofemi Healthcare Limited)  
Helpline number: 011- 41195959

Dear Sir / Madam,

**Sub: Annual Health Checkup for the employees of Bank of Baroda**

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MR. MALLARA TARUN
EC NO.	125827
DESIGNATION	SINGLE WINDOW OPERATOR A
PLACE OF WORK	SANDHELI
BIRTHDATE	23-06-1991
PROPOSED DATE OF HEALTH CHECKUP	30-08-2023
BOOKING REFERENCE NO.	23S125827100067866E

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **26-08-2023** till **31-03-2024**. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

**Chief General Manager**  
**HRM Department**  
**Bank of Baroda**

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))

विकास मन्त्रालय  
Tarun Mallara

125027

*[Handwritten signature]*



Tarun Mallara

*[Faint text below the name, possibly a date or official stamp]*



## LABORATORY REPORT



Name : TARUN MALLARA	Sex/Age : Male / 33 Years	Case ID : 40202200684
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3377772
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 24-Feb-2024 09:01	Sample Type :	Mobile No :
Sample Date and Time : 24-Feb-2024 09:01	Sample Coll. By :	Ref Id1 : OSP33346
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 : O232410405

### Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
<b>Blood Glucose Fasting &amp; Postprandial</b>			
Plasma Glucose - F	112.50	mg/dL	70 - 100
<b>Haemogram (CBC)</b>			
Lymphocyte	46.0	%	20.00 - 40.00
<b>Lipid Profile</b>			
Cholesterol	224.63	mg/dL	110 - 200
HDL Cholesterol	34.7	mg/dL	48 - 77
Triglyceride	151.52	mg/dL	<150
Chol/HDL	6.47		0 - 4.1
LDL Cholesterol	159.63	mg/dL	0.00 - 100.00
<b>Liver Function Test</b>			
Albumin	5.22	gm/dL	3.4 - 5

Abnormal Result(s) Summary End

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

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## LABORATORY REPORT



Name : **TARUN MALLARA** Sex/Age : **Male / 33 Years** Case ID : **40202200684**  
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **3377772**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **24-Feb-2024 09:01** Sample Type : **Whole Blood EDTA** Mobile No :  
 Sample Date and Time : **24-Feb-2024 09:01** Sample Coll. By : Ref Id1 : **OSP33346**  
 Report Date and Time : **24-Feb-2024 10:48** Acc. Remarks : **Normal** Ref Id2 : **O232410405**

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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### HAEMOGRAM REPORT

#### HB AND INDICES

Haemoglobin	13.9	G%	13.00 - 17.00
RBC (Electrical Impedance)	4.86	millions/cumm	4.50 - 5.50
PCV(Calc)	41.46	%	40.00 - 50.00
MCV (RBC histogram)	85.3	fL	83.00 - 101.00
MCH (Calc)	28.6	pg	27.00 - 32.00
MCHC (Calc)	33.6	gm/dL	31.50 - 34.50
RDW (RBC histogram)	14.70	%	11.00 - 16.00

#### TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

Total WBC Count	6280	/μL	4000.00 - 10000.00
Neutrophil	[%] 47.0	%	EXPECTED VALUES 40.00 - 70.00 [Abs] 2952 /μL EXPECTED VALUES 2000.00 - 7000.00
Lymphocyte	H 46.0	%	20.00 - 40.00 2889 /μL 1000.00 - 3000.00
Eosinophil	2.0	%	1.00 - 6.00 126 /μL 20.00 - 500.00
Monocytes	5.0	%	2.00 - 10.00 314 /μL 200.00 - 1000.00
Basophil	0.0	%	0.00 - 2.00 0 /μL 0.00 - 100.00

#### PLATELET COUNT (Optical)

Platelet Count	397000	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	1.02		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)

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

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### Neuberg Diagnostics Private Limited

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 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 : **TARUN MALLARA** Sex/Age : **Male / 33 Years** Case ID : **40202200684**  
Ref.By : **HOSPITAL** Dis. At : Pt. ID : **3377772**  
Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 24-Feb-2024 09:01	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 24-Feb-2024 09:01	Sample Coll. By :	Ref Id1 : OSP33346
Report Date and Time : 24-Feb-2024 14:28	Acc. Remarks : Normal	Ref Id2 : O232410405

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

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

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

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## LABORATORY REPORT



Name : TARUN MALLARA	Sex/Age : Male / 33 Years	Case ID : 40202200684
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3377772
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 24-Feb-2024 09:01	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 24-Feb-2024 09:01	Sample Coll. By :	Ref Id1 : OSP33346
Report Date and Time : 24-Feb-2024 11:47	Acc. Remarks : Normal	Ref Id2 : O232410405

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	B
Rh Type	POSITIVE

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

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## LABORATORY REPORT



Name : **TARUN MALLARA** Sex/Age : **Male / 33 Years** Case ID : **40202200684**  
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **3377772**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 24-Feb-2024 09:01	Sample Type : Plasma Fluoride F, Plasma Fluoride PP	Mobile No :
Sample Date and Time : 24-Feb-2024 09:01	Sample Coll. By :	Ref Id1 : OSP33346
Report Date and Time : 24-Feb-2024 12:05	Acc. Remarks : Normal	Ref Id2 : O232410405
<b>TEST</b>	<b>RESULTS</b>	<b>UNIT BIOLOGICAL REF RANGE</b>
		<b>REMARKS</b>

### BIOCHEMICAL INVESTIGATIONS

#### Blood Glucose Level (Fasting & Post Prandial)

<b>Plasma Glucose - F</b> <i>Photometric, Hexokinase</i>	<b>H 112.50</b>	<b>mg/dL</b>	<b>70 - 100</b>
<b>Plasma Glucose - PP</b>	<b>115.29</b>	<b>mg/dL</b>	<b>70.0 - 140.0</b>

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

<100 mg/dL : Normal level

100-<126 mg/dL: Impaired fasting glucoseer guidelines

>=126 mg/dL: Probability of Diabetes, Confirm as per guidelines

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

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M.D. (Pathologist)

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## LABORATORY REPORT



Name : TARUN MALLARA	Sex/Age : Male / 33 Years	Case ID : 40202200684
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3377772
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 24-Feb-2024 09:01	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 24-Feb-2024 09:01	Sample Coll. By :	Ref Id1 : OSP33346
Report Date and Time : 24-Feb-2024 10:48	Acc. Remarks : Normal	Ref Id2 : O232410405

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>Glycated Haemoglobin Estimation</b>				
HbA1C	5.53	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	112.01	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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## LABORATORY REPORT



Name : **TARUN MALLARA** Sex/Age : **Male / 33 Years** Case ID : **40202200684**  
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **3377772**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **24-Feb-2024 09:01** Sample Type : **Serum** Mobile No :  
 Sample Date and Time : **24-Feb-2024 09:01** Sample Coll. By : Ref Id1 : **OSP33346**  
 Report Date and Time : **24-Feb-2024 16:22** Acc. Remarks : **Normal** Ref Id2 : **O232410405**

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

#### Lipid Profile

<b>Cholesterol</b> <i>Colorimetric, CHOD-POD</i>	H	<b>224.63</b>	mg/dL	110 - 200
<b>HDL Cholesterol</b>	L	<b>34.7</b>	mg/dL	48 - 77
<b>Triglyceride</b> <i>Glycerol Phosphate Oxidase</i>	H	<b>151.52</b>	mg/dL	<150
<b>VLDL</b> <i>Calculated</i>		<b>30.30</b>	mg/dL	10 - 40
<b>Chol/HDL</b> <i>Calculated</i>	H	<b>6.47</b>		0 - 4.1
<b>LDL Cholesterol</b> <i>Calculated</i>	H	<b>159.63</b>	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 assesment 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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## LABORATORY REPORT



Name : <b>TARUN MALLARA</b>	Sex/Age : <b>Male / 33 Years</b>	Case ID : <b>40202200684</b>
Ref.By : <b>HOSPITAL</b>	Dis. At :	Pt. ID : <b>3377772</b>
Bill. Loc. : <b>Aashka hospital</b>		Pt. Loc :
Reg Date and Time : <b>24-Feb-2024 09:01</b>	Sample Type : <b>Serum</b>	Mobile No :
Sample Date and Time : <b>24-Feb-2024 09:01</b>	Sample Coll. By :	Ref Id1 : <b>OSP33346</b>
Report Date and Time : <b>24-Feb-2024 16:33</b>	Acc. Remarks : <b>Normal</b>	Ref Id2 : <b>O232410405</b>

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>	<b>30.54</b>	U/L	16 - 63	
<b>S.G.O.T.</b> <i>UV with P5P</i>	<b>25.47</b>	U/L	15 - 37	
<b>Alkaline Phosphatase</b> <i>Enzymatic, PNPP-AMP</i>	<b>108.47</b>	U/L	46 - 116	
<b>Gamma Glutamyl Transferase</b> <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate</i>	<b>27.70</b>	U/L	0 - 55	
<b>Proteins (Total)</b> <i>Colorimetric, Biuret</i>	<b>8.30</b>	gm/dL	6.40 - 8.30	
<b>Albumin</b> <i>Bromocresol purple</i>	<b>H 5.22</b>	gm/dL	3.4 - 5	
<b>Globulin</b> <i>Calculated</i>	<b>3.08</b>	gm/dL	2 - 4.1	
<b>A/G Ratio</b> <i>Calculated</i>	<b>1.7</b>		1.0 - 2.1	
<b>Bilirubin Total</b> <i>Photometry</i>	<b>0.72</b>	mg/dL	0.3 - 1.2	
<b>Bilirubin Conjugated</b> <i>Diazotization reaction</i>	<b>0.19</b>	mg/dL	0 - 0.50	
<b>Bilirubin Unconjugated</b> <i>Calculated</i>	<b>0.53</b>	mg/dL	0 - 0.8	

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

**Dr. Shreya Shah**

M.D. (Pathologist)

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## LABORATORY REPORT



Name : **TARUN MALLARA** Sex/Age : **Male / 33 Years** Case ID : **40202200684**  
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **3377772**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 24-Feb-2024 09:01 Sample Type : Serum Mobile No :  
 Sample Date and Time : 24-Feb-2024 09:01 Sample Coll. By : Ref Id1 : **OSP33346**  
 Report Date and Time : 24-Feb-2024 16:22 Acc. Remarks : Normal Ref Id2 : **O232410405**

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>BUN (Blood Urea Nitrogen)</b> <i>GLDH</i>	<b>16.2</b>	mg/dL	8.90 - 20.60	
<b>Uric Acid</b> <i>Uncase</i>	<b>5.02</b>	mg/dL	3.5 - 7.2	
<b>Creatinine</b>	<b>0.76</b>	mg/dL	0.50 - 1.50	

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

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## LABORATORY REPORT



Name : TARUN MALLARA	Sex/Age : Male / 33 Years	Case ID : 40202200684
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3377772
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 24-Feb-2024 09:01	Sample Type : Serum	Mobile No :
Sample Date and Time : 24-Feb-2024 09:01	Sample Coll. By :	Ref Id1 : OSP33346
Report Date and Time : 24-Feb-2024 10:48	Acc. Remarks : Normal	Ref Id2 : O232410405

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>Thyroid Function Test</b>				
Triiodothyronine (T3)	145.84	ng/dL	70 - 204	
Thyroxine (T4) <small>CMIA</small>	8.25	ng/dL	4.87 - 11.72	
TSH <small>CMIA</small>	1.30	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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## LABORATORY REPORT



Name : TARUN MALLARA	Sex/Age : Male / 33 Years	Case ID : 40202200684
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3377772
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 24-Feb-2024 09:01	Sample Type : Serum	Mobile No :
Sample Date and Time : 24-Feb-2024 09:01	Sample Coll. By :	Ref Id1 : OSP33346
Report Date and Time : 24-Feb-2024 10:48	Acc. Remarks : Normal	Ref Id2 : O232410405

**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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www.neubergsupratech.com



## LABORATORY REPORT



Name : <b>TARUN MALLARA</b>	Sex/Age : <b>Male / 33 Years</b>	Case ID : <b>40202200684</b>
Ref.By : <b>HOSPITAL</b>	Dis. At :	Pt. ID : <b>3377772</b>
Bill. Loc. : <b>Aashka hospital</b>		Pt. Loc :
Reg Date and Time : <b>24-Feb-2024 09:01</b>	Sample Type : <b>Spot Urine</b>	Mobile No :
Sample Date and Time : <b>24-Feb-2024 09:01</b>	Sample Coll. By :	Ref Id1 : <b>OSP33346</b>
Report Date and Time : <b>24-Feb-2024 10:48</b>	Acc. Remarks : <b>Normal</b>	Ref Id2 : <b>O232410405</b>

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

<b>Sp.Gravity</b>	<b>1.020</b>		1.005 - 1.030
<b>pH</b>	<b>7.00</b>		5 - 8
<b>Leucocytes (ESTERASE)</b>	<b>Negative</b>		Negative
<b>Protein</b>	<b>Negative</b>		Negative
<b>Glucose</b>	<b>Negative</b>		Negative
<b>Ketone Bodies Urine</b>	<b>Negative</b>		Negative
<b>Urobilinogen</b>	<b>Negative</b>		Negative
<b>Bilirubin</b>	<b>Negative</b>		Negative
<b>Blood</b>	<b>Negative</b>		Negative
<b>Nitrite</b>	<b>Negative</b>		Negative

Flowcytometric Examination By Sysmex UF-5000

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

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

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

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## LABORATORY REPORT



Name : **TARUN MALLARA** Sex/Age : **Male / 33 Years** Case ID : **40202200684**  
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **3377772**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **24-Feb-2024 09:01** Sample Type : **Spot Urine** Mobile No :  
 Sample Date and Time : **24-Feb-2024 09:01** Sample Coll. By : Ref Id1 : **OSP33346**  
 Report Date and Time : **24-Feb-2024 10:48** Acc. Remarks : **Normal** Ref Id2 : **O232410405**

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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Page 13 of 13



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CIN: L85110GJ2012PLC072647



PATIENT NAME: TARUN MALLARA

GENDER/AGE: Male / 32 Years

DATE: 24/02/24

DOCTOR:

OPDNO: OSP33346

### 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: TARUN MALLARA

GENDER/AGE: Male / 32 Years

DATE: 24/02/24

DOCTOR:

OPDNO: OSP33346

## SONOGRAPHY OF ABDOMEN AND PELVIS

**LIVER:** Liver appears normal in size and shows increased parenchymal echoes. No evidence of focal 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 9.8 x 4.0 cms in size.

Left kidney measures about 10.2 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: Grade I fatty changes in liver.**

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

  
DR. SNEHAL PRAJAPATI  
CONSULTANT RADIOLOGIST

PATIENT NAME: TARUN MALLARA

GENDER/AGE: Male / 32 Years

DATE: 24/02/24

DOCTOR: DR. HASIT JOSHI

OPDNO: OSP33346

**2D-ECHO**

MITRAL VALVE	: NORMAL	
AORTIC VALVE	: NORMAL	
TRICUSPID VALVE	: NORMAL	
PULMONARY VALVE	: NORMAL	
AORTA	: 37mm	
LEFT ATRIUM	: 35mm	
LV Dd / Ds	: 45/30mm	EF 60%
IVS / LVPW / D	: 11/10mm	
IVS	: INTACT	
IAS	: INTACT	
RA	: NORMAL	
RV	: NORMAL	
PA	: NORMAL	
PERICARDIUM	: NORMAL	
VEL	: PEAK	MEAN
M/S	: Gradient mm Hg	Gradient mm Hg
MITRAL	: 1/0.7m/s	
AORTIC	: 1.3m/s	
PULMONARY	: 1.0m/s	
COLOUR DOPPLER	: NO MR/AR/TR	
RVSP	:	
CONCLUSION	: NORMAL LV SIZE / SYSTOLIC FUNCTION.	

CARDIOLOGIST

DR. HASIT JOSHI (9825012235)



REPORT REPORT REPORT

TARUN BHATT

5m Contrast 226 166 05

24.02.2024 10:34:43 AM  
ASHKA HOSPITAL LTD.  
SARGASAN  
GANDHINAGAR

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

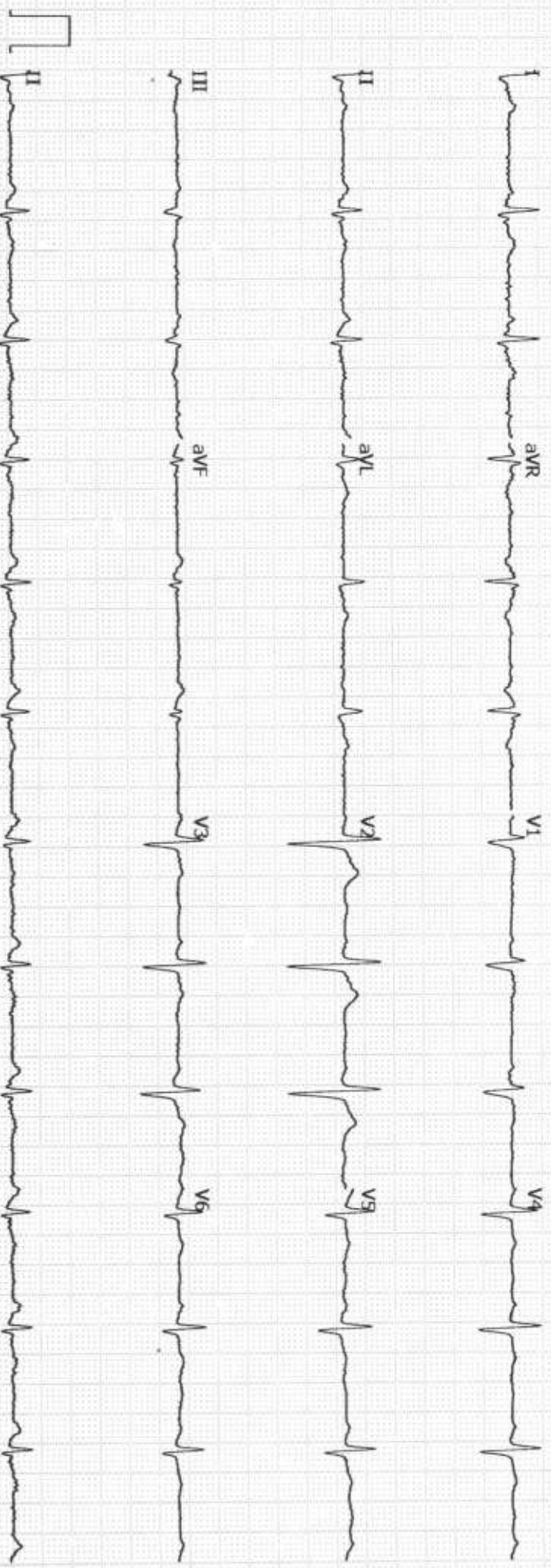
Room:

72 bpm  
--/-- mmHg

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 88 ms  
QT / QTcBaz : 374 / 409 ms  
PR : 156 ms  
P : 98 ms  
RR / PP : 830 / 833 ms  
P / QRS / T : 52 / 14 / 34 degrees

Normal sinus rhythm  
Normal ECG



GE MAC2000 1.1 125L™ V241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz 4x2.5x3\_25\_R1 1/1

Unconfirmed



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CIN: L85110GJ2012PLC072647



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

UHID:	OSP 33346	Date:	24-02-24	Time:	
Patient Name:	Tarun	Age / Sex:	32 / M	Height:	172 cm
		Weight:	53 kg		
History:	four months blurred vision.				
Allergy History:	NO				
Nutritional Screening:	Well-Nourished / Malnourished / Obese				
Examination:	BE! normal				
Diagnosis:					





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

UHID: <u>OSP33346</u>	Date: <u>24/2/24</u>	Time:
Patient Name: <u>Tarun Malhotra</u>	Age / Sex: <u>32 / M</u>	Height: <u>172</u>
		Weight: <u>83.00 K.G.</u>
Chief Complain:		
History: <u>Routine dental check up</u>		
Allergy History:		
Nutritional Screening: <u>Well-Nourished / Malnourished / Obese</u>		
Examination:		
Extra oral :		
Intra oral – Teeth Present :	<u>Stain +</u>	
	<u>Calculus +</u>	
Teeth Absent :	<u>Impacted teeth</u>	<u>18</u>
Diagnosis:		

