

Fwd: Health Check up Booking Confirmed Request(bobS13267),Package Code-PKG1000241, Beneficiary Code-70265

1 message

Mehul Parmar <dakshmehul1988@gmail.com>

Sat, Jul 9, 2022 at 8:53 AM

To: 216shreeji <216shreeji@gmail.com>

Sent from vivo smartphone

----- Forwarded -----

Sender: Mediwheel <customercare@policywheel.com>

Date: Jun 29, 2022 6:52 PM

Subject: Health Check up Booking Confirmed Request(bobS13267),Package Code-PKG1000241, Beneficiary Code-70265

Recipient: dakshmehul1988 <dakshmehul1988@gmail.com>

CC: Mediwheel CC <customercare@mediwheel.in>,Mediwheel CC <mediwheelwellness@gmail.com>

**Mediwheel**
...Your wellness partner**011-41195959****Email:wellness@mediwheel.in**Dear **Kumud Parmar**,

Please find the confirmation for following request.

Booking Date : 25-06-2022
Package Name : Medi-Wheel Metro Full Body Health Checkup Female 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 : 09-07-2022
Confirmation Status : Confirmed
Preferred Time : 09:00:AM
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.



ભારતીય વિશિષ્ટ ઓળખાણ પ્રાધિકરણ

ભારત સરકાર

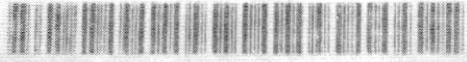
Unique Identification Authority of India
Government of India

નોંધણીની ઓળખ / Enrollment No 1081/14316/08998

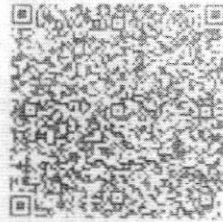
To,
કુમુદબેન પરમાર
Kumudben Parmar
W/O: Mehulkumar
1199
hudko
Rupal
Rupal
Rupal Mansa Gandhinagar
Gujarat 382630

15/11/2013

Ref: 235 / 05L / 227785 / 228175 / P



SH624622465FT



તમારો આધાર નંબર / Your Aadhaar No. :

8611 6885 6226

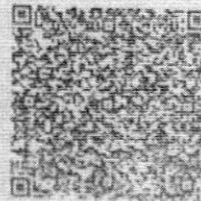
આધાર - સામાન્ય માણસનો અધિકાર



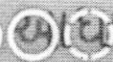
ભારત સરકાર
Government of India

કુમુદબેન પરમાર
Kumudben Parmar

જન્મ તારીખ / DOB : 15/12/1989
સ્ત્રી / Female



8611 6885 6226



Shot on VIVO AI camera

સામાન્ય માણસનો અધિકાર

BANK OF BARODA
ANTARSUMBA BRANCH
VIJAYNAGAR SK


DATE: 31/05/2021

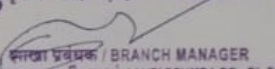
PARMAR MEHUL KUMAR AMRUTLAL
DOB 01/03/1988
DOJ 30/06/2012
EMPLOYEE NO 165176
GRADE CLERICAL



EMPLOYEE SIGNATURE

Mehul A. Parmar

 कृते बैंक ऑफ़ बड़ोदा / For Bank of Baroda


शाखा प्रबन्धक / BRANCH MANAGER
अंतरसुम्बा शाखा, जि. स.क. / ANTARSUMBA BR., DI. S.K.



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: U85110GJ2012PLC072647





DR. UNNATI GANDHI
DENTAL SURGEON
B.D.S.
REG NO-A-7742

UHID:	Date: 0/7/22	Time:
Patient Name: Kumbhar, Parnar.	Age / Sex: 22 / F.	Height:
	Weight:	
History:		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination: Periapical Caries - 0/		
	msr - 1/0.	
Diagnosis:		

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

Other Advice:

Rest 
 FPP / Implant 

Dr. Umar

Follow-up:

Consultant's Sign:

DR. JIGISHA VADODARIYA
M.D., IDCCM.
CRITICAL CARE MEDICINE
R.NO.G-27131

UHID:		Date: 9/7/2022	Time: 5 pm.								
Patient Name: Kumudben Parmar		Height:									
Age /Sex: 33IF	LMP:	Weight:									
History:											
Medical History: DM _____ HTN _____ COPD _____ CKD _____ Hypothyroidism _____ CAD _____ NO		Surgical History: NO Others:	C/C/O: Routine check up.								
Allergy History: NO		Addiction:									
Nutritional Screening: Well Nourished / Malnourished / Obese											
Examination: RS: BLA (+)		CNS:	General:								
CVS: S.S (+)		PA:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>Temp</td><td></td></tr> <tr><td>Pulse</td><td>70/min</td></tr> <tr><td>BP</td><td>130/80</td></tr> <tr><td>SPO2</td><td>98%</td></tr> </table>	Temp		Pulse	70/min	BP	130/80	SPO2	98%
Temp											
Pulse	70/min										
BP	130/80										
SPO2	98%										
Provisional Diagnosis: Physically fit											

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CIN: L85110GJ2012PLC072647



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

UHID:	Date: 9/7/22	Time:
Patient Name: Kundan	Age /Sex: 33	Height:
	Weight:	
History: e/o Refers chud ud. D.V. 6/10 8/10		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination:		
Diagnosis:		

PATIENT NAME: KUMUDBEN PARMAR

GENDER/AGE: Female / 32 Years

DATE: 09/07/22

DOCTOR:

OPDNO: OSP28207

2D-ECHO

MITRAL VALVE : MILD MVP; MILD MR
AORTIC VALVE : NORMAL
TRICUSPID VALVE : NORMAL
PULMONARY VALVE : NORMAL
AORTA : 29mm
LEFT ATRIUM : 32mm
LV Dd / Ds : 41/28mm EF 60%
IVS / LVPW / D : 9/9mm
IVS : NORMAL
IAS : NORMAL
RA : NORMAL
RV : NORMAL
PA : NORMAL
PERICARDIUM : NORMAL
VEL : PEAK MEAN
M/S : Gradient mm Hg Gradient mm Hg
MITRAL : 0.9/0.6m/s
AORTIC : 1.2m/s
PULMONARY : 1.0m/s
COLOUR DOPPLER : MILD TR
RVSP : 26mmHg
CONCLUSION : NORMAL LV SIZE FUNCTION;
MILD MVP;
MILD MR/TR, NO PAH.

CARDIOLOGIST
DR. HASIT JOSHI (9825012235)





Name: Kumud beam

Age: 32

Complaints:

white discharge 15 days
no itching no foul smell

No of deliveries:

2

ND B.O.B.

↑ weight since

Last Delivery:

10/12/21

2 lbs.

History of abortion:

H/O medical conditions associated:

Last abortions:

DM

HTN

Thyroid

—
—
—

MH:

reg.

Reg:

2-3 days
30

Scanty ^{secret.} 1/yr

No pain abdominal

LMP:

16.6.22

P/A:

Soft

absent

wt 97 kg.

P/S:

Cx healthy

P/V:

ut size not made out -

To see c

repeat

Sample:-

Vagina

Cervix

—
✓

Doctors Sign:-

Halkowai

9/7/22 11.30 AM.

Kumudben parmar
ID: osp28207

Contrast 226 166 05

09.07.2022 11:25:46 AM

AASHKA HOSPITAL LTD.
SARGASAN
GANDHINAGAR

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

0459 LOT D 942 #

Room:

84 bpm
-- / -- mmHg

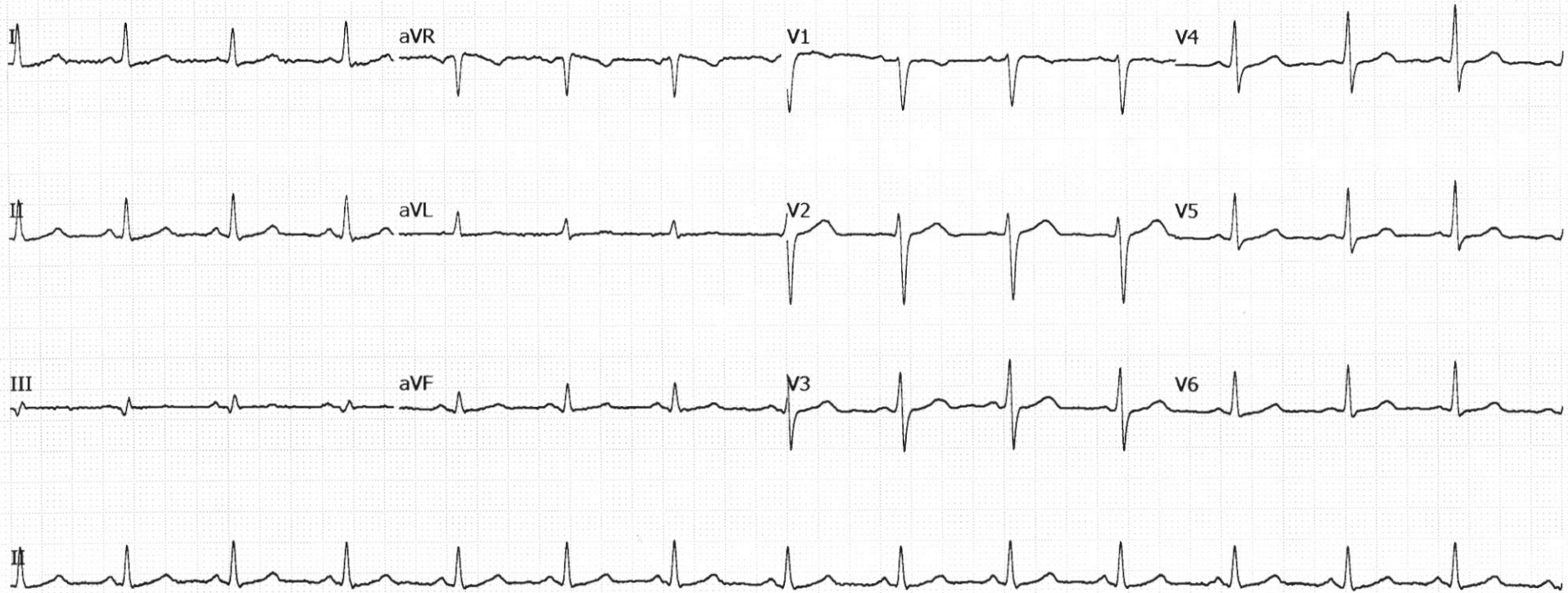
33 Years

Female

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 90 ms
QT / QTcBaz : 368 / 434 ms
PR : 132 ms
P : 106 ms
RR / PP : 712 / 714 ms
P / QRS / T : 61 / 35 / 45 degrees

Normal sinus rhythm
Normal ECG





CIN: L85110GJ2012PLC072647

LABORATORY REPORT



Name : KUMUDBEN PARMAR Sex/Age : Female/ 33 Years H.ID : C2106134 Case ID : 20702200254
Ref By : HOSPITAL, Dis.Loc. : Pt ID : 2159718
Bill. Loc. : Aashka hospital Pt. Loc. :

Registration Date & Time : 09-Jul-2022 09:36	Sample Type : PAP Smear	Ph # : 9904125773
Sample Date & Time : 09-Jul-2022 11:41	Sample Coll. By :	Ref Id : OSP28207
Report Date & Time : 10-Jul-2022 10:37	Acc. Remarks :	Ref Id2 : O22232429

Cytopathology Report

Specimen :

PAP smear for cytology (LBC PAP)

Clinical Details :

LMP:-16/6/22,2-3/30 DAYS ,Cervix: healthy

Macroscopic Examination :

Received one container with 20 ml LBC fixative and brush. One smear prepared.
Smear - 1 [PAP]

Microscopic Examination :

See below in diagnosis

Impression :

The Bethesda System (TBS 2014) (LBC Pap)

Specimen type: LBC Pap smear.

Specimen adequacy: Satisfactory for evaluation

Transformation zone elements: Not present

Infection associated changes: Trichomonas or Monilia are not seen.

Reactive cellular changes: Nil

Epithelial cell abnormality: Nil

Other cells: Nil

Interpretation/result: Negative for intraepithelial lesion or malignancy.

Pap test is a screening test for cervical cancer with inherent false negative results.

Grossing By : Dr. Shraddha Mehta

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.

Shraddha

Page 1 of 2

Dr. Shraddha Mehta
M.D. , D.N.B. G-22635

Dr. Bhavna Mehta
M.D. (P.D.C.C) G-56686
(Histo & Renal pathologist)

Printed On : 10-Jul-2022 12:34



LABORATORY REPORT



Name : KUMUDBEN PARMAR	Sex/Age : Female/ 33 Years	H.ID : C2106134	Case ID : 20702200254
Ref By : HOSPITAL,	Dis. Loc. :		Pt ID : 2159718
Bill. Loc. : Aashka hospital			Pt. Loc. :
Registration Date & Time : 09-Jul-2022 09:36	Sample Type : PAP Smear		Ph # : 9904125773
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Report Date & Time : 10-Jul-2022 10:37	Acc. Remarks :		Ref Id2 : O22232429

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

Grossing By : Dr. Shraddha Mehta

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(Histo & Renal pathologist)

Printed On : 10-Jul-2022 12:34

PATIENT NAME:KUMUDBEN PARMAR

GENDER/AGE:Female / 32 Years

DATE:09/07/22

DOCTOR:

OPDNO:OSP28207

SONOGRAPHY OF ABDOMEN AND PELVIS

LIVER: Liver appears normal in size and shows increased parenchymal echoes suggest fatty changes. No evidence of focal lesion is seen. No evidence of dilated IHBR is seen. Intrahepatic portal radicals 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 9.1 x 4.0 cms in size.

Left kidney measures about 9.2 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 126 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.

No evident solid or cystic lesion is seen.

COMMENT: Grade I fatty changes in liver.

Fecal loaded large bowel loops seen.

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


Dr. SNEHAL B. RAJAPATI, G-0064

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PATIENT NAME:KUMUDBEN PARMAR

GENDER/AGE:Female / 32 Years

DATE:09/07/22

DOCTOR:

OPDNO:OSP28207

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 : KUMUDBEN PARMAR Sex/Age : Female/ 33 Years Case ID : 20702200254
 Ref.By : HOSPITAL, Dis. At : Pt. ID : 2159718
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 09-Jul-2022 09:36 Sample Type : Whole Blood EDTA Mobile No : 9904125773
 Sample Date and Time : 09-Jul-2022 09:36 Sample Coll. By : Ref Id1 : OSP28207
 Report Date and Time : 09-Jul-2022 09:52 Acc. Remarks : Normal Ref Id2 : O22232429

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin (Colorimetric)	L 11.2	G%	12.00 - 15.00
RBC (Electrical Impedance)	4.60	millions/cumm	3.80 - 4.80
PCV(Calc)	L 35.37	%	36.00 - 46.00
MCV (RBC histogram)	L 76.9	fL	83.00 - 101.00
MCH (Calc)	L 24.3	pg	27.00 - 32.00
MCHC (Calc)	31.7	gm/dL	31.50 - 34.50
RDW (RBC histogram)	15.20	%	11.00 - 16.00

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

Total WBC Count	7140	/μL	4000.00 - 10000.00
	[%]	EXPECTED VALUES	[Abs] EXPECTED VALUES
Neutrophil	62.0	% 40.00 - 70.00	4427 /μL 2000.00 - 7000.00
Lymphocyte	32.0	% 20.00 - 40.00	2285 /μL 1000.00 - 3000.00
Eosinophil	1.0	% 1.00 - 6.00	71 /μL 20.00 - 500.00
Monocytes	5.0	% 2.00 - 10.00	357 /μL 200.00 - 1000.00
Basophil	0.0	% 0.00 - 2.00	0 /μL 0.00 - 100.00


PLATELET COUNT (Optical)

Platelet Count	260000	/μL	150000.00 - 410000.00
Neutrophil to Lymphocyte Ratio (NLR)	1.94		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:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)



Dr. Shreya Shah
 M.D. (Pathologist)

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

Page 1 of 13

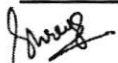
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Bill. Loc. : Aashka hospital		Pt. Loc :
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Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)



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Ref.By : **HOSPITAL,** Dis. At : Pt. ID : **2159718**
Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 09-Jul-2022 09:36	Sample Type : Whole Blood EDTA	Mobile No : 9904125773
Sample Date and Time : 09-Jul-2022 09:36	Sample Coll. By :	Ref Id1 : OSP28207
Report Date and Time : 09-Jul-2022 11:55	Acc. Remarks : Normal	Ref Id2 : O22232429

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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HAEMATOLOGY INVESTIGATIONS

ESR	14	mm after 1hr	3 - 20	
-----	----	--------------	--------	--

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

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

Dr. Shreya Shah
M.D. (Pathologist)

Page 3 of 13

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Bill. Loc. : Aashka hospital Pt. Loc :

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Sample Date and Time : 09-Jul-2022 09:36 Sample Coll. By : Ref Id1 : OSP28207
Report Date and Time : 09-Jul-2022 09:59 Acc. Remarks : Normal Ref Id2 : O22232429

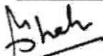
TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

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)



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

Dr. Shreya Shah
M.D. (Pathologist)

Page 4 of 13

Printed On : 09-Jul-2022 15:26

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 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 09-Jul-2022 09:36	Sample Type : Spot Urine	Mobile No : 9904125773
Sample Date and Time : 09-Jul-2022 09:36	Sample Coll. By :	Ref Id1 : OSP28207
Report Date and Time : 09-Jul-2022 10:02	Acc. Remarks : Normal	Ref Id2 : O22232429

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	Negative		Negative

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

Shah

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

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Parameter	Unit	Expected value	Result/Notations				
			Trace	+	++	+++	++++
pH	-	4.8-7.4					
SG	-	1.016-1.022					
Protein	mg/dl	Negative (<10)	10	25	75	150	50
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)	/pf	<2	-	-	-	-	-

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

Shah

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LABORATORY REPORT



Name : KUMUDBEN PARMAR Sex/Age : Female/ 33 Years Case ID : 20702200254
Ref.By : HOSPITAL, Dis. At : Pt. ID : 2159718
Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 09-Jul-2022 09:36 Sample Type : Plasma Fluoride F, Plasma Fluoride PP Mobile No : 9904125773
Sample Date and Time : 09-Jul-2022 09:36 Sample Coll. By : Ref Id1 : OSP28207
Report Date and Time : 09-Jul-2022 14:12 Acc. Remarks : Normal Ref Id2 : O22232429
TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

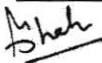
BIOCHEMICAL INVESTIGATIONS

Biochemical Investigations by Dimension EXL (Siemens)

Plasma Glucose - F	95.5	mg/dL	70.0 - 100
Plasma Glucose - PP	109	mg/dL	70.0 - 140.0

Reference range has been changed as per recent guidelines of ISPAD 2018.
<100 mg/dL : Normal level
100-<126 mg/dL: Impaired fasting glucose 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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LABORATORY REPORT



Name : KUMUDBEN PARMAR Sex/Age : Female/ 33 Years Case ID : 20702200254
 Ref.By : HOSPITAL, Dis. At : Pt. ID : 2159718
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 09-Jul-2022 09:36 Sample Type : Serum Mobile No : 9904125773
 Sample Date and Time : 09-Jul-2022 09:36 Sample Coll. By : Ref Id1 : OSP28207
 Report Date and Time : 09-Jul-2022 14:59 Acc. Remarks : Normal Ref Id2 : O22232429

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol	174.35	mg/dL	110 - 200	
HDL Cholesterol	L 42.72	mg/dL	48 - 77	
Triglyceride	155.03	mg/dL	40 - 200	
VLDL Calculated	31.01	mg/dL	10 - 40	
Chol/HDL Calculated	4.08		0 - 4.1	
LDL Cholesterol (Direct) CALC	H 124.99	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 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 : KUMUDBEN PARMAR Sex/Age : Female/ 33 Years Case ID : 20702200254
 Ref.By : HOSPITAL, Dis. At : Pt. ID : 2159718
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 09-Jul-2022 09:36 Sample Type : Serum Mobile No : 9904125773
 Sample Date and Time : 09-Jul-2022 09:36 Sample Coll. By : Ref Id1 : OSP28207
 Report Date and Time : 09-Jul-2022 14:59 Acc. Remarks : Normal Ref Id2 : O22232429

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Liver Function Test

S.G.P.T.	21.99	U/L	0 - 31	
S.G.O.T.	22.49	U/L	15 - 37	
Alkaline Phosphatase	H 107.33	U/L	35 - 105	
Gamma Glutamyl Transferase	31.39	U/L	5 - 36	
Proteins (Total)	6.96	gm/dL	6.4 - 8.2	
Albumin	4.30	gm/dL	3.4 - 5	
Globulin <i>Calculated</i>	2.66	gm/dL	2 - 4.1	
A/G Ratio <i>Calculated</i>	1.6		1.0 - 2.1	
Bilirubin Total	0.31	mg/dL	0.2 - 1.0	
Bilirubin Conjugated	0.13	mg/dL		
Bilirubin Unconjugated <i>Calculated</i>	0.18	mg/dL	0 - 0.8	

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

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LABORATORY REPORT



Name : **KUMUDBEN PARMAR** Sex/Age : **Female/ 33 Years** Case ID : **20702200254**
Ref.By : HOSPITAL, Dis. At : Pt. ID : 2159718
Bill. Loc. : Aashka hospital Pt. Loc. :

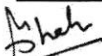
Reg Date and Time : 09-Jul-2022 09:36 Sample Type : Serum Mobile No : 9904125773
Sample Date and Time : 09-Jul-2022 09:36 Sample Coll. By : Ref Id1 : OSP28207
Report Date and Time : 09-Jul-2022 14:16 Acc. Remarks : Normal Ref Id2 : O22232429

TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

BIOCHEMICAL INVESTIGATIONS

BUN (Blood Urea Nitrogen) <i>GLDH</i>	9.30	mg/dL	6.00 - 20.00	
Creatinine	0.77	mg/dL	0.50 - 1.50	
Uric Acid <i>Uricase</i>	H 6.50	mg/dL	2.6 - 6.2	

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



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LABORATORY REPORT



Name : **KUMUDBEN PARMAR** Sex/Age : **Female/ 33 Years** Case ID : **20702200254**
 Ref.By : **HOSPITAL,** Dis. At : Pt. ID : **2159718**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 09-Jul-2022 09:36	Sample Type : Whole Blood EDTA	Mobile No : 9904125773
Sample Date and Time : 09-Jul-2022 09:36	Sample Coll. By :	Ref Id1 : OSP28207
Report Date and Time : 09-Jul-2022 10:59	Acc. Remarks : Normal	Ref Id2 : O22232429

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Glycated Haemoglobin Estimation

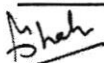
HbA1C	5.19	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes
Avg. PI Glucose (Last 3 Months) <i>Calculated</i>	102.25	mg/dL	80.00 - 140.00

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 : **KUMUDBEN PARMAR** Sex/Age : **Female/ 33 Years** Case ID : **20702200254**
 Ref.By : **HOSPITAL,** Dis. At : Pt. ID : **2159718**
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : 09-Jul-2022 09:36 Sample Type : Serum Mobile No : 9904125773
 Sample Date and Time : 09-Jul-2022 09:36 Sample Coll. By : Ref Id1 : OSP28207
 Report Date and Time : 09-Jul-2022 11:01 Acc. Remarks : Normal Ref Id2 : O22232429

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	TEST REMARK
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Thyroid Function Test

Triiodothyronine (T3)	126.44	ng/dL	70 - 204	
Thyroxine (T4) CMA	9.3	ng/dL	5.5 - 11.0	
TSH CMA	2.2578	µIU/mL	0.4 - 4.2	

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.

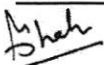
Serum triiodothyronine (T3) levels often are depressed in sick and hospitalized patients, caused in part by the biochemical shift to the production of reverse T3. Therefore, T3 generally is not a reliable predictor of hypothyroidism. However, in a small subset of hyperthyroid patients, hyperthyroidism 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 (microU/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)



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LABORATORY REPORT

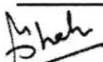


Name : KUMUDBEN PARMAR	Sex/Age : Female/ 33 Years	Case ID : 20702200254
Ref.By : HOSPITAL,	Dis. At :	Pt. ID : 2159718
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 09-Jul-2022 09:36	Sample Type : Serum	Mobile No : 9904125773
Sample Date and Time : 09-Jul-2022 09:36	Sample Coll. By :	Ref Id1 : OSP28207
Report Date and Time : 09-Jul-2022 11:01	Acc. Remarks : Normal	Ref Id2 : O22232429

----- 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.

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