

5/12/2022, Name: Reehana Veerani, 32 years Female,
 4:45 PM, for routine checkup.

Not any complains now.

Not any drug, allergic history.

(H/O) irregular menstrual cycle
 LMP - 20/10/2022.

5/12
 USG-Abdomen
 left ovary - few tiny follicles.
 Right ovary - follicular cyst.

CXR (PA) - NAD
 2DECTH - mild - MVP/MP

LDL - 129. (T)

Hb - 11.1

CRAC - 5590.

PC - 294000

uric acid - R/M - NAD

FBS - 81

SGPT - 24

Bili - Total - 0.38

creat - 0.70

TSH - 3.5

TBAAE - 4.70

ecg - T (+) II, III, aVF, V3-V6

Temp. - (N)
 PR - 68/min.
 BP - 110/70 mmHg,
 RS - B/LAE (+).
 CX - (N) & L
 SPO2 - 98% RA.
 CNS - conscious / oriented
 T/P/P

(P-10)

Admiral - ORGY opinion.

, patient, is Medically fit.

. exercise, fat free diet.

lipid-profile - after
③ months.

~~Admiral~~.

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www.aashkahospitals.in
CIN: LB5110GJ2012PLC072647



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

UHID:	Date: 5/12/22	Time:
Patient Name: <i>Rachna D. Vasava</i>	Age/Sex: <i>32 F</i>	Height: Weight:
History: <i>C/O Rachna D. Vasava</i>		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination: <i>D.V. < G16 G16 M.V. < G10 G16 Colon with Nails</i>		
Diagnosis:		

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DR. UNNATI SHAH
B.D.S. (DENTAL SURGEON)
REG. NO. A-7742
MO.NO- 9904596691

UHID: 0SP29247	Date: 3/12/22	Time:
Patient Name: Radhna P. Vasava.	Age / Sex: 32 F	Height: 166cm
History:	Weight: 52.2kg	
Examination: calms + calms $\frac{5}{7} / \frac{5}{678}$		
Diagnosis:		

5/12

AE

same

Real

6/7 | 6/567

5/12/22

Scaling 13 JAE

1200

Dr. V. V. V.

PATIENT NAME: RACHANA DHIRUBHAI VASAVA

GENDER/AGE: Female / 32 Years

DATE: 05/12/22

DOCTOR:

OPDNO: OSP29247

SONOGRAPHY OF ABDOMEN AND PELVIS

LIVER: Liver appears normal in size and normal parenchymal echoes. 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 partially distended.

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, renal hydronephrosis or mass lesion is seen on either side. No evidence of perinephric fluid collection is seen.

Right kidney measures about 10.4 x 4.1 cms in size.

Left kidney measures about 10.2 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 normal wall thickening. No evidence of bladder calculus, diverticulum or mass lesion is seen.

UTERUS: Uterus is anteverted and appears normal in size, shape and position. Endometrial and myometrial echoes appear normal. Endometrial thickness measures about 8 mm. No evidence of uterine mass lesion is seen.

OVARIES: Right ovary appear normal in size (4 cc volume) and shape. No e/o any adnexal mass seen. No e/o free fluid seen in cul-de-sac.

Left ovary appears enlarged and shows multiple tiny follicles within and measures 37x32x34 mm sized (15 cc volume)

Presence of 24x25 mm sized follicular cyst seen in right ovary.

COMMENT:

- Enlarged left ovary with multiple tiny follicles.
- Right follicular cyst.
- Normal sonographic appearance of liver, pancreas, spleen, kidneys, para aortic region, bladder, uterus.


RADIOLOGIST

DR. MEHUL PATELIYA

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PATIENT NAME: RACHANA DHIRUBHAI VASAVA

GENDER/AGE: Female / 32 Years

DATE: 05/12/22

DOCTOR:

OPDNO: OSP29247

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

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**PATIENT NAME: RACHANA DHIRUBHAI VASAVA****GENDER/AGE: Female / 32 Years****DATE: 05/12/22****DOCTOR: DR. HASIT JOSHI****OPDNO: OSP29247****2D-ECHO**

MITRAL VALVE	: GRADE II MVP	
AORTIC VALVE	: NORMAL	
TRICUSPID VALVE	: NORMAL	
PULMONARY VALVE	: NORMAL	
AORTA	: 29mm	
LEFT ATRIUM	: 30mm	
LV Dd / Ds	: 37/23mm	EF 60%
IVS / LVPW / D	: 9/8mm	
IVS	: INTACT	
IAS	: FLOPPY	
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	: 1.2m/s	
PULMONARY	: 0.9m/s	
COLOUR DOPPLER	: MILD MR/TR/PR +	
RVSP	: 26mmHg	
CONCLUSION	: MILD MVP / MILD MR; NORMAL LV SIZE / SYSTOLIC FUNCTION.	

CARDIOLOGIST
DR. HASIT JOSHI (9825012235)



LABORATORY REPORT



Name : RACHNA DHIRUBHAI VASAVA	Sex/Age : Female/ 32 Years	Case ID : 21202200133
Ref.By : aashka hospital	Dis. At :	Pt. ID : 2432827
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 05-Dec-2022 09:25	Sample Type :	Mobile No : 8238085361
Sample Date and Time : 05-Dec-2022 09:25	Sample Coll. By :	Ref Id1 : Osp29247
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 : O22237155

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Haemogram (CBC)			
Haemoglobin (Colorimetric)	11.1	G%	12.00 - 15.00
RBC (Electrical Impedance)	5.45	millions/cu mm	3.80 - 4.80
MCV (RBC histogram)	66.2	fL	83.00 - 101.00
MCH (Calc)	20.4	pg	27.00 - 32.00
MCHC (Calc)	30.8	gm/dL	31.50 - 34.50
Lipid Profile			
LDL Cholesterol	129.5	mg/dL	65 - 100

Abnormal Result(s) Summary End

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

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LABORATORY REPORT



Name : RACHNA DHIRUBHAI VASAVA Sex/Age : Female/ 32 Years Case ID : 21202200133
 Ref.By : aashka hospital Dis. At : Pt. ID : 2432827
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 05-Dec-2022 09:25 Sample Type : Whole Blood EDTA Mobile No : 8238085361
 Sample Date and Time : 05-Dec-2022 09:25 Sample Coll. By : Ref Id1 : Osp29247
 Report Date and Time : 05-Dec-2022 09:44 Acc. Remarks : Normal Ref Id2 : O22237155

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin (Colorimetric)	L 11.1	G%	12.00 - 15.00
RBC (Electrical Impedance)	H 5.45	millions/cumm	3.80 - 4.80
PCV(Calc)	36.08	%	36.00 - 46.00
MCV (RBC histogram)	L 66.2	fL	83.00 - 101.00
MCH (Calc)	L 20.4	pg	27.00 - 32.00
MCHC (Calc)	L 30.8	gm/dL	31.50 - 34.50
RDW (RBC histogram)	14.50	%	11.00 - 16.00

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

Total WBC Count	5590	/μL	4000.00 - 10000.00
	[%]	EXPECTED VALUES	[Abs] EXPECTED VALUES
Neutrophil	60.0	% 40.00 - 70.00	3354 /μL 2000.00 - 7000.00
Lymphocyte	31.0	% 20.00 - 40.00	1733 /μL 1000.00 - 3000.00
Eosinophil	3.0	% 1.00 - 6.00	168 /μL 20.00 - 500.00
Monocytes	5.0	% 2.00 - 10.00	280 /μL 200.00 - 1000.00
Basophil	1.0	% 0.00 - 2.00	56 /μL 0.00 - 100.00

PLATELET COUNT (Optical)

Platelet Count	294000	/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. Manoj Shah
M.D. (Path. & Bact.)

Dr. Shreya Shah
M.D. (Pathologist)

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LABORATORY REPORT



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Ref.By : aashka hospital	Dis. At :	Pt. ID : 2432827
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 05-Dec-2022 09:25	Sample Type : Whole Blood EDTA	Mobile No : 8238085361
Sample Date and Time : 05-Dec-2022 09:25	Sample Coll. By :	Ref Id1 : Osp29247
Report Date and Time : 05-Dec-2022 09:44	Acc. Remarks : Normal	Ref Id2 : O22237155

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

Dr. Shreya Shah
M.D. (Pathologist)

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Ref.By : aashka hospital	Dis. At :	Pt. ID : 2432827
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 05-Dec-2022 09:25	Sample Type : Whole Blood EDTA	Mobile No : 8238085361
Sample Date and Time : 05-Dec-2022 09:25	Sample Coll. By :	Ref Id1 : Osp29247
Report Date and Time : 05-Dec-2022 10:53	Acc. Remarks : Normal	Ref Id2 : O22237155

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
HAEMATOLOGY INVESTIGATIONS				
ESR	18	mm after 1hr	3 - 20	

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

Shah

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M.D. (Path. & Bact.)

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LABORATORY REPORT



Name : RACHNA DHIRUBHAI VASAVA	Sex/Age : Female/ 32 Years	Case ID : 21202200133
Ref.By : aashka hospital	Dis. At :	Pt. ID : 2432827
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 05-Dec-2022 09:25	Sample Type : Whole Blood EDTA	Mobile No : 8238085361
Sample Date and Time : 05-Dec-2022 09:25	Sample Coll. By :	Ref Id1 : Osp29247
Report Date and Time : 05-Dec-2022 10:05	Acc. Remarks : Normal	Ref Id2 : O22237155

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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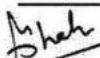
HAEMATOLOGY INVESTIGATIONS

BLOOD GROUP AND RH TYPING (Erythrocyte Magnetized Technology)
(Both Forward and Reverse Group)

ABO Type	B
Rh Type	POSITIVE

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LABORATORY REPORT



Name : RACHNA DHIRUBHAI VASAVA	Sex/Age : Female/ 32 Years	Case ID : 21202200133
Ref.By : aashka hospital	Dis. At :	Pt. ID : 2432827
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 05-Dec-2022 09:25	Sample Type : Spot Urine	Mobile No : 8238085361
Sample Date and Time : 05-Dec-2022 09:25	Sample Coll. By :	Ref Id1 : Osp29247
Report Date and Time : 05-Dec-2022 10:33	Acc. Remarks : Normal	Ref Id2 : O22237155

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

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 Ref.By : aashka hospital Dis. At : Pt. ID : 2432827
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 05-Dec-2022 09:25 Sample Type : Spot Urine Mobile No : 8238085361
 Sample Date and Time : 05-Dec-2022 09:25 Sample Coll. By : Ref Id1 : Osp29247
 Report Date and Time : 05-Dec-2022 10:33 Acc. Remarks : Normal Ref Id2 : O22237155

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	-	-	-	-	-

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M.D. (Path. & Bact.)

Dr. Shreya Shah
M.D. (Pathologist)

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LABORATORY REPORT



Name : RACHNA DHIRUBHAI VASAVA	Sex/Age : Female/ 32 Years	Case ID : 21202200133
Ref.By : aashka hospital	Dis. At :	Pt. ID : 2432827
Bill. Loc. : Aashka hospital		Pt. Loc :

Reg Date and Time : 05-Dec-2022 09:25	Sample Type : Plasma Fluoride F, Plasma Fluoride PP	Mobile No : 8238085361
Sample Date and Time : 05-Dec-2022 09:25	Sample Coll. By :	Ref Id1 : Osp29247
Report Date and Time : 05-Dec-2022 13:11	Acc. Remarks : Normal	Ref Id2 : O22237155

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Biochemical Investigations by Dimension EXL (Siemens)

Plasma Glucose - F	81.89	mg/dL	70.0 - 100
Plasma Glucose - PP	86.74	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 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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Ref.By : aashka hospital	Dis. At :	Pt. ID : 2432827
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 05-Dec-2022 09:25	Sample Type : Serum	Mobile No : 8238085361
Sample Date and Time : 05-Dec-2022 09:25	Sample Coll. By :	Ref Id1 : Osp29247
Report Date and Time : 05-Dec-2022 10:52	Acc. Remarks : Normal	Ref Id2 : O22237155

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol	199.73 ✓	mg/dL	110 - 200
HDL Cholesterol	49.6 ✓	mg/dL	48 - 77
Triglyceride	103.26 ✓	mg/dL	40 - 200
VLDL <i>Calculated</i>	20.65 ✓	mg/dL	10 - 40
Chol/HDL <i>Calculated</i>	4.03 ✓		0 - 4.1
LDL Cholesterol <i>Calculated</i>	H 129.5	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 Trnglyceride has been revised. Also LDL goals have changed.
- Detail test interpreation 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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Sample Date and Time : 05-Dec-2022 09:25	Sample Coll. By :	Ref Id1 : Osp29247
Report Date and Time : 05-Dec-2022 10:52	Acc. Remarks : Normal	Ref Id2 : O22237155

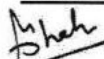
TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Liver Function Test

S.G.P.T.	24.16	U/L	0 - 31	
S.G.O.T.	24.11	U/L	15 - 37	
Alkaline Phosphatase	89.03	U/L	35 - 105	
Gamma Glutamyl Transferase	8.59	U/L	5 - 36	
Proteins (Total)	7.00	gm/dL	6.4 - 8.2	
Albumin	4.46	gm/dL	3.4 - 5	
Globulin <i>Calculated</i>	2.54	gm/dL	2 - 4.1	
A/G Ratio <i>Calculated</i>	1.8		1.0 - 2.1	
Bilirubin Total	0.38	mg/dL	0.2 - 1.0	
Bilirubin Conjugated	0.18	mg/dL		
Bilirubin Unconjugated <i>Calculated</i>	0.20	mg/dL	0 - 0.8	

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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

BUN (Blood Urea Nitrogen) <i>GLDH</i>	6.6	mg/dL	6.00 - 20.00	
Creatinine	0.70	mg/dL	0.50 - 1.50	
Uric Acid	4.54	mg/dL	2.6 - 6.2	

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

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LABORATORY REPORT



Name : RACHNA DHIRUBHAI VASAVA	Sex/Age : Female/ 32 Years	Case ID : 21202200133
Ref.By : aashka hospital	Dis. At :	Pt. ID : 2432827
Bill. Loc. : Aashka hospital		Pt. Loc :

Reg Date and Time : 05-Dec-2022 09:25	Sample Type : Whole Blood EDTA	Mobile No : 8238085361
Sample Date and Time : 05-Dec-2022 09:25	Sample Coll. By :	Ref Id1 : Osp29247
Report Date and Time : 05-Dec-2022 09:53	Acc. Remarks : Normal	Ref Id2 : O22237155

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Glycated Haemoglobin Estimation

HbA1C	4.70	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	88.19	mg/dL	

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)

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 : 05-Dec-2022 09:25	Sample Type : Serum	Mobile No : 8238085361
Sample Date and Time : 05-Dec-2022 09:25	Sample Coll. By :	Ref Id1 : Osp29247
Report Date and Time : 05-Dec-2022 10:33	Acc. Remarks : Normal	Ref Id2 : O22237155

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Triiodothyronine (T3)	107.03	ng/dL	70 - 204	
Thyroxine (T4) CMA	9.0	ng/dL	5.5 - 11.0	
TSH CMA	3.580	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 to 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)

Shah

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M.D. (Path. & Bact.)

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M.D. (Pathologist)

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Neuberg Supratech Reference Laboratories Private Limited

"KEDAR" Opposite Krupa Petrol Pump, Near Parimal Garden, Ahmedabad - 380006

Phone : 079-40408181 / 61618181 | Email : contact@supratechlabs.com | Website : www.neubergsupratech.com

05.12.2022 10:49:41 AM
AASHKA HOSPITAL LTD.
SARGASAN
GANDHINAGAR

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

Room:

74 bpm
-- / -- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 80 ms
QT / QTcBaz : 378 / 419 ms
PR : 138 ms
P : 98 ms
RR / PP : 806 / 810 ms
P / QRS / T : 60 / 67 / -44 degrees

Normal sinus rhythm
T wave abnormality, consider inferior ischemia
T wave abnormality, consider anterior ischemia
Abnormal ECG

