



Mediwheel
—Your wellness partner

 **011-41195959**
Email: wellness@mediwheel.in

Dear **MR. MEENA BHANWAR SINGH,**

Please find the confirmation for following request.

Booking Date : 02-06-2023
Package Name : Medi-Wheel Metro Full Body Health Checkup Male Above 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 : 08-07-2023
Confirmation Status : Confirmed
Preferred Time : 8:00am-12:00pm
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.

ISSUING AUTHORITY

बाराणसी बचत बँक

M. Singh

Employee Code No.

164495

कर्मचारी कोड नं.

Name

Bhanwar Singh Meena

नाम



बँक ऑफ बरोडा
Bank of Baroda

Signature of Holder

धारक के हस्ताक्षर

M. Singh



Aashka Hospitals Ltd.

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



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


UHID:	00723055	Date:	8/7/23.	Time:	4:00 PM.
Patient Name:	Bhanwar Singh meena	Height:	170 cm	Weight:	87.8 kg
Age / Sex:	6 hrs / M	LMP:			
History:					
C/C/O:	No fresh stools	KIDNEY HTN OR Rx Laboratorys not Available			
Allergy History:	None	Addition: None			
Nutritional Screening: Well-Nourished / Malnourished / Obese					
Vitals & Examination:					
Temperature:	None	Lab reports - None			
Pulse:	98/min	22 ECG			
BP:	122/72 mmHg	ECG OK			
SPO2:	99% on R.	HYDRATED			
Provisional Diagnosis:					

Advice:

cont. ANFILIN Rx,
As Advised

Rx

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

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

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CIN: L85110GJ2012PLC072647

 **aashka**
H O S P I T A L



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

UHID: 00723059	Date: 21/12/23	Time:
Patient Name: Bhanwar. Singh Meena	Age / Sex: 44 year	Height: 170cm
	Weight: 87.5 kg	
Chief Complain: Routine checked clean up.		
History:		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
amination:		
Extra oral :		
Intra oral – Teeth Present :		
Teeth Absent: → missing teeth		→
Diagnosis:		

Rx

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

Other Advice:

→ Replacement $\frac{e}{t}$
→ JOPA $\frac{ist}{e}$

→
[Handwritten Signature]

Follow-up:

Consultant's Sign:

[Handwritten Signature]

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CIN: L85110GJ2012PLC072647



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

UHID:	60723059	Date:	8/7/23	Time:	
Patient Name:	SHAMWAR SINGH MEENA				
		Age / Sex:	54 / m		
		Height:	170 cm		
		Weight:	87 & kg		
History:	Puffiness				
Allergy History:					
Nutritional Screening:	Well-Nourished / Malnourished / Obese				
Examination:	D.V. 2616 G16 [N.V. 2616 + 1.25] G16 - Colon sign present.				
Diagnosis:					

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	x1.25	-	-	x1.25	-	-

Other Advice:


Follow-up:

Consultant's Sign:

[Handwritten signature]

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CIN: L85110GJ2012PLC072647

 **aashka**
H O S P I T A L



PATIENT NAME: BHANWAR SINGH MEENA

GENDER/AGE: Male / 44 Years

DOCTOR:

OPDNO: O0723059

DATE: 08/07/23

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

PATIENT NAME: BHANWAR SINGH MEENA

GENDER/AGE: Male / 44 Years

DATE: 08/07/23

DOCTOR: DR. HASIT JOSHI

OPDNO: 00723059

2D-ECHO

MITRAL VALVE : THICK, MILD MVP
AORTIC VALVE : NORMAL
TRICUSPID VALVE : NORMAL
PULMONARY VALVE : NORMAL
AORTA : 35mm
LEFT ATRIUM : 37mm
LV Dd / Ds : 40/31mm EF 55%
IVS / LVPW / D : 11/11mm BORDERLINE LVH
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 : 1.2m/s
PULMONARY : 1.0m/s
COLOUR DOPPLER : MILD MR/TR
RVSP : 32mmHg
CONCLUSION : BORDERLINE LVH;
FAIR LV FUNCTION; MILD MR.

ADV: TMT



CARDIOLOGIST

DR. HASIT JOSHI (9825012235)

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 **aashka**
H O S P I T A L



PATIENT NAME: BHANWAR SINGH MEENA

GENDER/AGE: Male / 44 Years

DOCTOR:

OPDNO: O0723059

DATE: 08/07/23

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 10.0 x 4.0 cms in size.

Left kidney measures about 10.1 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. Prevoid bladder volume measures about 130 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 16 cc.

COMMENT: Grade I fatty changes in liver.

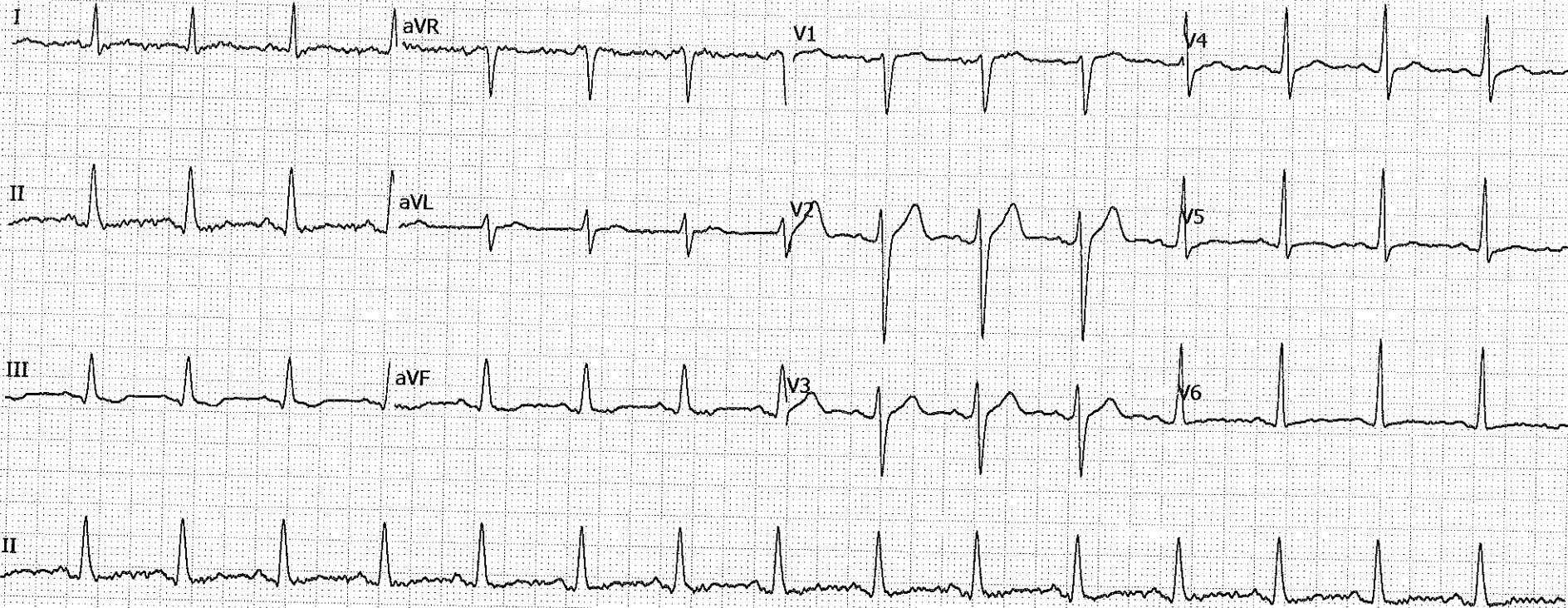
Normal sonographic appearance of GB; Pancreas, spleen, kidneys, bladder and prostate.

DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 98 ms
QT / QTcBaz : 362 / 452 ms
PR : 134 ms
P : 90 ms
RR / PP : 636 / 638 ms
P / QRS / T : 47 / 58 / 13 degrees

Normal sinus rhythm
Normal ECG





LABORATORY REPORT



Name : **BHANWAR SINGH MEENA**

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Male / 44 Years

Dis. At :

Case ID : 30702200222

Pt. ID : 2829740

Pt. Loc :

Reg Date and Time : 08-Jul-2023 09:50

Sample Type :

Mobile No :

Sample Date and Time : 08-Jul-2023 09:50

Sample Coll. By :

Ref Id1 : O0723059

Report Date and Time :

Acc. Remarks : Normal

Ref Id2 : O23242528

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Blood Glucose Fasting & Postprandial			
Plasma Glucose - F	130.06	mg/dL	70 - 100
Blood Urea Nitrogen (BUN)			
BUN (Blood Urea Nitrogen)	8.4	mg/dL	8.90 - 20.60
Glyco Hemoglobin			
HbA1C	6.04	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes
Haemogram (CBC)			
RBC (Electrical Impedance)	3.86	millions/cu mm	4.50 - 5.50
PCV(Calc)	36.82	%	40.00 - 50.00
MCH (Calc)	34.9	pg	27.00 - 32.00
MCHC (Calc)	36.5	gm/dL	31.50 - 34.50
Lipid Profile			
HDL Cholesterol	30.6	mg/dL	48 - 77
Triglyceride	198.90	mg/dL	<150
Chol/HDL	6.34	0 - 4.1	0 - 4.1
LDL Cholesterol	123.63	mg/dL	65 - 100

Abnormal Result(s) Summary End

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



LABORATORY REPORT



Name : **BHANWAR SINGH MEENA**

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Male / 44 Years

Dis. At :

Case ID : 30702200222

Pt. ID : 2829740

Pt. Loc :

Reg Date and Time : 08-Jul-2023 09:50

Sample Type : Whole Blood EDTA

Mobile No :

Sample Date and Time : 08-Jul-2023 09:50

Sample Coll. By :

Ref Id1 : 00723059

Report Date and Time : 08-Jul-2023 10:13

Acc. Remarks : Normal

Ref Id2 : 023242528

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin	13.5	G%	13.00 - 17.00	
RBC (Electrical Impedance)	L 3.86	millions/cumm	4.50 - 5.50	
PCV(Calc)	L 36.82	%	40.00 - 50.00	
MCV (RBC histogram)	95.4	fL	83.00 - 101.00	
MCH (Calc)	H 34.9	pg	27.00 - 32.00	
MCHC (Calc)	H 36.5	gm/dL	31.50 - 34.50	
RDW (RBC histogram)	15.50	%	11.00 - 16.00	

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

Total WBC Count	6000	/μL	4000.00 - 10000.00	
Neutrophil	L% 61.0	%	40.00 - 70.00	[Abs] 3660 /μL 2000.00 - 7000.00
Lymphocyte	33.0	%	20.00 - 40.00	1980 /μL 1000.00 - 3000.00
Eosinophil	2.0	%	1.00 - 6.00	120 /μL 20.00 - 500.00
Monocytes	4.0	%	2.00 - 10.00	240 /μL 200.00 - 1000.00
Basophil	0.0	%	0.00 - 2.00	0 /μL 0.00 - 100.00

PLATELET COUNT (Optical)

Platelet Count	250000	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	1.85		0.78 - 3.53

SMEAR STUDY

RBC Morphology	Normocytic Normochromic 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. Amit Prajapati

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Dr. Shreya Shah

M.D. (Pathologist)

Dr. Manoj Shah

M.D. (Path. & Bact.)

Printed On : 08-Jul-2023 15:13





LABORATORY REPORT



Name : **BHANWAR SINGH MEENA**

Sex/Age : **Male / 44 Years** Case ID : **30702200222**

Ref.By : **HOSPITAL**

Dis. At :

Pt. ID : **2829740**

Bill. Loc. : **Aashka hospital**

Pt. Loc :

Reg Date and Time : **08-Jul-2023 09:50**

Sample Type : **Whole Blood EDTA**

Mobile No :

Sample Date and Time : **08-Jul-2023 09:50**

Sample Coll. By :

Ref Id1 : **00723059**

Report Date and Time : **08-Jul-2023 11:29**

Acc. Remarks : **Normal**

Ref Id2 : **023242528**

TEST

RESULTS

UNIT

BIOLOGICAL REF RANGE

REMARKS

ESR

Westergren Method

08

mm after 1hr 3 - 15

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

P. J. J.

Dr. Amit Prajapati

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Dr. Shreya Shah

M.D. (Pathologist)

Dr. Manoj Shah

M.D. (Path. & Bact.)

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LABORATORY REPORT



Name : **BHANWAR SINGH MEENA**

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Male / 44 Years Case ID : 30702200222

Dis. At :

Pt. ID : 2829740

Pt. Loc :

Reg Date and Time : 08-Jul-2023 09:50

Sample Type : Whole Blood EDTA

Mobile No :

Sample Date and Time : 08-Jul-2023 09:50

Sample Coll. By :

Ref Id1 : 00723059

Report Date and Time : 08-Jul-2023 10:27

Acc. Remarks : Normal

Ref Id2 : 023242528

TEST

RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

HAEMATOLOGY INVESTIGATIONS

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

ABO Type

A

Rh Type

POSITIVE

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



Dr. Amit Prajapati

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Dr. Shreya Shah

M.D. (Pathologist)

Dr. Manoj Shah

M.D. (Path. & Bact.)

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LABORATORY REPORT



Name : **BHANWAR SINGH MEENA**

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Male / 44 Years

Dis. At :

Pt. Loc :

Case ID : 30702200222

Pt. ID : 2829740

Pt. Loc :

Reg Date and Time : 08-Jul-2023 09:50	Sample Type : Spot Urine	Mobile No :
Sample Date and Time : 08-Jul-2023 09:50	Sample Coll. By :	Ref Id1 : 00723059
Report Date and Time : 08-Jul-2023 10:13	Acc. Remarks : Normal	Ref Id2 : 023242528

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

Physical examination

Colour Pale yellow

Transparency Clear

Chemical Examination By Sysmex UC-3500

Sp.Gravity	1.005		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-,VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

Ammi

Dr. Amit Prajapati

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LABORATORY REPORT

Name : **BHANWAR SINGH MEENA**

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Male / 44 Years

Case ID : 30702200222

Dis. At :

Pt. ID : 2829740

Pt. Loc :

Reg Date and Time : 08-Jul-2023 09:50 Sample Type : Spot Urine Mobile No :
 Sample Date and Time : 08-Jul-2023 09:50 Sample Coll. By : Ref Id1 : O0723059
 Report Date and Time : 08-Jul-2023 10:13 Acc. Remarks : Normal Ref Id2 : O23242528

Parameter	Unit	Expected value	Result/Notations			
			Trace	+	++	+++
pH	-	4.6-8.0				++++
SG	-	1.003-1.035				
Protein	mg/dL	Negative (<10)	10	25	75	150 500
Glucose	mg/dL	Negative (<30)	30	50	100	300 1000
Bilirubin	mg/dL	Negative (0.2)	0.2	1	3	6 -
Ketone	mg/dL	Negative (<5)	5	15	50	150 -
Urobilinogen	mg/dL	Negative (<1)	1	4	8	12 -

Parameter	Unit	Expected value	Result/Notifications			
			Trace	+	++	+++
Leukocytes (Strip)	/micro L	Negative (<10)	10	25	100	500 -
Nitrite(Strip)	-	Negative	-	-	-	- -
Erythrocytes(Strip)	/micro L	Negative (<5)	10	25	50	150 250
Pus cells (Microscopic)	/hpf	<5	-	-	-	- -
Red blood cells(Microscopic)	/hpf	<2	-	-	-	- -
Cast (Microscopic)	/lpf	<2	-	-	-	- -

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



Dr. Amit Prajapati

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LABORATORY REPORT



Name : **BHANWAR SINGH MEENA**

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Male / 44 Years

Dis. At :

Case ID : 30702200222

Pt. ID : 2829740

Pt. Loc :

Reg Date and Time : 08-Jul-2023 09:50

Mobile No :

Sample Date and Time : 08-Jul-2023 09:50

Sample Type : Plasma Fluoride F, Plasma Fluoride PP

Report Date and Time : 08-Jul-2023 15:13

Sample Coll. By :

Ref Id1 : 00723059

TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

Ref Id2 : 023242528

REMARKS

BIOCHEMICAL INVESTIGATIONS

Blood Glucose Level (Fasting & Post Prandial)

Plasma Glucose - F <i>Photometric, Hexokinase</i>	H	130.06	mg/dL	70 - 100
Plasma Glucose - PP <i>Photometric, Hexokinase</i>		105.39	mg/dL	70.0 - 140.0

Note: 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-Very Low, L-Low, H-High, HH-Very High ,A-Abnormal)



Dr. Amit Prajapati

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Dr. Shreya Shah

M.D. (Pathologist)

Dr. Manoj Shah

M.D. (Path. & Bact.)

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LABORATORY REPORT



Name : **BHANWAR SINGH MEENA**

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Male / 44 Years

Dis. At :

Case ID : 30702200222

Pt. ID : 2829740

Pt. Loc :

Reg Date and Time : 08-Jul-2023 09:50

Mobile No :

Sample Type : Serum

Ref Id1 : 00723059

Sample Date and Time : 08-Jul-2023 09:50

Sample Coll. By :

Report Date and Time : 08-Jul-2023 12:15

Acc. Remarks : Normal

Ref Id2 : 023242528

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol <i>Colorimetric, CHOD-POD</i>	194.01	mg/dL	110 - 200	
HDL Cholesterol	L 30.6	mg/dL	48 - 77	
Triglyceride <i>Glycerol Phosphate Oxidase</i>	H 198.90	mg/dL	<150	
VLDL <i>Calculated</i>	39.78	mg/dL	10 - 40	
Chol/HDL <i>Calculated</i>	H 6.34		0 - 4.1	
LDL Cholesterol <i>Calculated</i>	H 123.63	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 assessment
- For LDL Cholesterol level Please consider direct LDL value
- Risk assessment from HDL and Triglyceride has been revised. Also LDL goals have changed.
- Detail test interpretation available from the lab
- All tests are done according to NCEP guidelines and with FDA approved kits.
- LDL Cholesterol level is primary goal for treatment and varies with risk category and assessment

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



Dr. Amit Prajapati

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Dr. Shreya Shah

M.D. (Pathologist)

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LABORATORY REPORT



Name : **BHANWAR SINGH MEENA**

Sex/Age : Male / 44 Years Case ID : 30702200222

Ref.By : HOSPITAL

Dis. At : Pt. ID : 2829740

Bill. Loc. : Aashka hospital

Pt. Loc :

Reg Date and Time : 08-Jul-2023 09:50

Sample Type : Serum

Mobile No :

Sample Date and Time : 08-Jul-2023 09:50

Sample Coll. By :

Ref Id1 : 00723059

Report Date and Time : 08-Jul-2023 12:15

Acc. Remarks : Normal

Ref Id2 : 023242528

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Liver Function Test

S.G.P.T. <i>UV with P5P</i>	45.35	U/L	16 - 63	
S.G.O.T. <i>UV with P5P</i>	28.39	U/L	15 - 37	
Alkaline Phosphatase <i>Enzymatic, PNPP-AMP</i>	84.49	U/L	46 - 116	
Gamma Glutamyl Transferase <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate</i>	53.0	U/L	0 - 55	
Proteins (Total) <i>Colorimetric, Biuret</i>	7.58	gm/dL	6.40 - 8.30	
Albumin <i>Bromocresol purple</i>	4.67	gm/dL	3.4 - 5	
Globulin <i>Calculated</i>	2.91	gm/dL	2 - 4.1	
A/G Ratio <i>Calculated</i>	1.6		1.0 - 2.1	
Bilirubin Total <i>Photometry</i>	0.93	mg/dL	0.3 - 1.2	
Bilirubin Conjugated <i>Diazotization reaction</i>	0.25	mg/dL	0 - 0.50	
Bilirubin Unconjugated <i>Calculated</i>	0.68	mg/dL	0 - 0.8	

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



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Dr. Manoj Shah
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LABORATORY REPORT



Name : **BHANWAR SINGH MEENA**

Ref.By : **HOSPITAL**

Bill. Loc. : **Aashka hospital**

Sex/Age : **Male / 44 Years**

Case ID : **30702200222**

Dis. At :

Pt. ID : **2829740**

Pt. Loc :

Reg Date and Time : **08-Jul-2023 09:50**

Mobile No :

Sample Type : **Serum**

Sample Date and Time : **08-Jul-2023 09:50**

Sample Coll. By :

Ref Id1 : **O0723059**

Report Date and Time : **08-Jul-2023 12:15**

Acc. Remarks : **Normal**

Ref Id2 : **O23242528**

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
------	---------	------	----------------------	---------

BUN (Blood Urea Nitrogen) L **8.4** mg/dL 8.90 - 20.60
GLDH

Creatinine **0.66** mg/dL 0.50 - 1.50

Uric Acid **6.31** mg/dL 3.5 - 7.2
Uricase

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


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LABORATORY REPORT

Name : **BHANWAR SINGH MEENA**

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Reg Date and Time : 08-Jul-2023 09:50

Sample Date and Time : 08-Jul-2023 09:50

Report Date and Time : 08-Jul-2023 10:27

Sex/Age : Male / 44 Years

Case ID : 30702200222

Dis. At :

Pt. ID : 2829740

Pt. Loc :

Sample Type : Whole Blood EDTA

Mobile No :

Sample Coll. By :

Ref Id1 : O0723059

Acc. Remarks : Normal

RefId2 : O23242528

TEST

RESULTS

UNIT

BIOLOGICAL REF RANGE

REMARKS

HbA1C

H 6.04

% of total Hb <5.7: Normal
5.7-6.4: Prediabetes
>=6.5: Diabetes

Estimated Avg Glucose (3 Mths) 126.65 mg/dL
Calculated

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

Ammini.

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LABORATORY REPORT

Name : **BHANWAR SINGH MEENA**

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Male / 44 Years Case ID : 30702200222

Dis. At :

Pt. ID : 2829740

Pt. Loc :

Reg Date and Time : 08-Jul-2023 09:50	Sample Type : Serum	Mobile No :
Sample Date and Time : 08-Jul-2023 09:50	Sample Coll. By :	Ref Id1 : 00723059
Report Date and Time : 08-Jul-2023 10:45	Acc. Remarks : Normal	Ref Id2 : 023242528

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Thyroid Function Test				
Triiodothyronine (T3)	109.26	ng/dL	70 - 204	
Thyroxine (T4) C/M/A	7.9	ng/dL	4.87 - 11.72	
TSH C/M/A	1.810	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), PRTH 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 : **BHANWAR SINGH MEENA**

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Male / 44 Years

Case ID : 30702200222

Dis. At :

Pt. ID : 2829740

Pt. Loc :

Reg Date and Time : 08-Jul-2023 09:50

Sample Type : Serum

Sample Date and Time : 08-Jul-2023 09:50

Sample Coll. By :

Mobile No :

Report Date and Time : 08-Jul-2023 10:45

Acc. Remarks : Normal

Ref Id1 : 00723059

Ref Id2 : 023242528

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

First trimester

Second trimester

Third trimester

Reference range (microU/ml)

0.24 - 2.00

0.43-2.2

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)

Prerna

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LABORATORY REPORT



Name : **BHANWAR SINGH MEENA**

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Male / 44 Years Case ID : 30702200222

Dis. At :

Pt. ID : 2829740

Pt. Loc :

Reg Date and Time : 08-Jul-2023 09:50

Sample Type : Serum

Mobile No :

Sample Date and Time : 08-Jul-2023 09:50

Sample Coll. By :

Ref Id1 : 00723059

Report Date and Time : 08-Jul-2023 15:05

Acc. Remarks : Normal

Ref Id2 : 023242528

TEST

RESULTS

UNIT BIOLOGICAL REF RANGE REMARKS

Prostate Specific Antigen (PSA)

Prostate Specific Antigen 0.4490 ng/mL 0 - 4

	0 - 0.5 *(ng/mL)	>0.5 - 2.5 (ng/mL)	>2.5 - 5.0 (ng/mL)	>5.0 - 10 (ng/mL)	>10 (ng/mL)
Healthy Males	87.2	12.8	0.0	0.0	0.0
BPH	51.9	42.9	4.2	0.5	0.5
Stage A Prostate Cancer	38.5	42.3	11.5	3.8	3.8
Stage B Prostate Cancer	23.9	66.7	7.5	0.0	0.0
*% of population					

Use

The total PSA test and digital rectal exam (DRE) are used together to help determine the need for a prostate biopsy. The goal of screening is to minimize unnecessary biopsies and to detect clinically significant prostate cancer while it is still confined to the prostate.

Clinical Significance of elevated levels of PSA are associated with prostate cancer, but they may also be seen with prostatitis and benign prostatic hyperplasia (BPH). Mild to moderately increased concentrations of PSA may be seen in those of African American heritage, and levels tend to increase in all men as they age.

Prostate biopsy is required for the diagnosis of cancer.

FREE PSA: TOTAL PSA

Males:

When Total PSA concentration is in the range of 4.0-10.0 ng/mL:

Free PSA/total PSA ratio	Probability of cancer		
	50-59 years	60-69 years	> or =70 years
< or =0.10	49%	56%	65%
0.11-0.18	27%	34%	41%
0.19-0.25	18%	24%	30%
>0.25	9%	12%	16%

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

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



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LABORATORY REPORT

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Ref.By : **HOSPITAL**

Bill. Loc. : **Aashka hospital**

Sex/Age : **Male / 44 Years**

Case ID : **30702200222**

Dis. At :

Pt. ID : **2829740**

Pt. Loc :

Reg Date and Time : **08-Jul-2023 09:50**

Sample Type : **Serum**

Sample Date and Time : **08-Jul-2023 09:50**

Sample Coll. By :

Mobile No :

Report Date and Time : **08-Jul-2023 15:05**

Acc. Remarks : **Normal**

Ref Id1 : **00723059**

Ref Id2 : **023242528**

For test performed on specimens received or collected from non-NSRL locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender. NSRL will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.

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

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