

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

UHID: <i>OSP 28202</i>	Date: <i>14/10/23</i>	Time: <i>11:30</i>
Patient Name:	Age /Sex:	Height:
		Weight:
History:	<i>Combly Hedy chuki.</i>	
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination:	<i>very 6/12 6/12 WTC eye 6/6 6/6 p/6</i>	
Diagnosis:	<i>Coloboma Vision - Normal Refractive error</i>	

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 **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:	OSP 28202	Date:	14/10/23	Time:	
Patient Name:	Ashwin Kumar Tarigad	Age/Sex:	41/M.	Height:	
		Weight:			
Chief Complain:					
History:	Rocentine dentured charr eye				
Allergy History:					
Nutritional Screening:	Well-Nourished / Malnourished / Obese				
Examination:					
Extra oral:					
Intra oral – Teeth Present:	Carious teeth 17				
Teeth Absent:					
Diagnosis:					

Ashwin bhai Tavigal/nylm

S | B-08. Pawi |

14/11/13
nylm

- Patient Came for Annual Health Checkup.

- Reports Reviewed.

- No any Present Complaints.

- H/o. High Blood Pressure 4-5-5 yr back
not on Medication

o/e

- Patient Conscious, follows Verbal Comments.

- P-90/60

Bp - 150/106 mm Hg

SBvz - 98 x

ADe

- Physician Reference for HBP.

- Rest NAD

TRhb



LABORATORY REPORT



Name : **ASHWINKUMAR KALABHAI TAVIYAD** Sex/Age : **Male / 41 Years** Case ID : **31002200417**
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **3058112**
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : **14-Oct-2023 09:04** Sample Type : Mobile No :
 Sample Date and Time : **14-Oct-2023 09:04** Sample Coll. By : Ref Id1 : **OSP28202**
 Report Date and Time : Acc. Remarks : **Normal** Ref Id2 : **O23245798**

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Blood Glucose Fasting & Postprandial			
Plasma Glucose - F	109.54	mg/dL	70 - 100
Haemogram (CBC)			
RBC (Electrical Impedance)	6.06	millions/cu mm	4.50 - 5.50
MCV (RBC histogram)	72.2	fL	83.00 - 101.00
MCH (Calc)	22.3	pg	27.00 - 32.00
MCHC (Calc)	30.9	gm/dL	31.50 - 34.50
RDW (RBC histogram)	17.70	%	11.00 - 16.00
Eosinophil	8.0	%	1.00 - 6.00
Lipid Profile			
LDL Cholesterol	118.43	mg/dL	0.00 - 100.00

Abnormal Result(s) Summary End

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

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Marketing - Laboratories : Mr. Sunil Panchal	9824002011
Billing & Accounts : Mr. Pravin Patel	9824728315
Visits (Home / Hospital for Sample Collection) & General Information : Mrs. Sonal Shah	9824408721
Sample Transport / Pick-up & Report Dispatch : Mr. Suchit Chauhan	7698009903

Any query may also be directed online on contact@suprattechlabs.com with attention to the concerned personnel.

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 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **14-Oct-2023 09:04** Sample Type : **Whole Blood EDTA** Mobile No :
 Sample Date and Time : **14-Oct-2023 09:04** Sample Coll. By : Ref Id1 : **OSP28202**
 Report Date and Time : **14-Oct-2023 09:34** Acc. Remarks : **Normal** Ref Id2 : **O23245798**

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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HAEMOGRAM REPORT

<u>HB AND INDICES</u>					
Haemoglobin	13.5	G%	13.00 - 17.00		
RBC (Electrical Impedance)	H 6.06	millions/cumm	4.50 - 5.50		
PCV(Calc)	43.75	%	40.00 - 50.00		
MCV (RBC histogram)	L 72.2	fL	83.00 - 101.00		
MCH (Calc)	L 22.3	pg	27.00 - 32.00		
MCHC (Calc)	L 30.9	gm/dL	31.50 - 34.50		
RDW (RBC histogram)	H 17.70	%	11.00 - 16.00		
<u>TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)</u>					
Total WBC Count	5930	/µL	4000.00 - 10000.00		
Neutrophil	L%] 57.0	%	40.00 - 70.00	[Abs] 3380	EXPECTED VALUES /µL 2000.00 - 7000.00
Lymphocyte	27.0	%	20.00 - 40.00	1601	/µL 1000.00 - 3000.00
Eosinophil	H 8.0	%	1.00 - 6.00	474	/µL 20.00 - 500.00
Monocytes	8.0	%	2.00 - 10.00	474	/µL 200.00 - 1000.00
Basophil	0.0	%	0.00 - 2.00	0	/µL 0.00 - 100.00

PLATELET COUNT (Optical)

Platelet Count	254000	/µL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	2.11		0.78 - 3.53

SMEAR STUDY

RBC Morphology Normocytic Normochromic RBCs. Microcytes +.

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)

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Reg Date and Time : 14-Oct-2023 09:04	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 14-Oct-2023 09:04	Sample Coll. By :	Ref Id1 : OSP28202
Report Date and Time : 14-Oct-2023 11:28	Acc. Remarks : Normal	Ref Id2 : O23245798

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR <i>Westergren Method</i>	08		mm after 1hr 3 - 15	

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

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M.D. (Pathologist)

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Sample Date and Time : **14-Oct-2023 09:04** Sample Coll. By : Ref Id1 : **OSP28202**
Report Date and Time : **14-Oct-2023 09:51** Acc. Remarks : **Normal** Ref Id2 : **O23245798**

TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

HAEMATOLOGY INVESTIGATIONS

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

ABO Type **AB**
Rh Type **POSITIVE**

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

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 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **14-Oct-2023 09:04** Sample Type : **Spot Urine** Mobile No :
 Sample Date and Time : **14-Oct-2023 09:04** Sample Coll. By : Ref Id1 : **OSP28202**
 Report Date and Time : **14-Oct-2023 10:33** Acc. Remarks : **Normal** Ref Id2 : **O23245798**

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	1.025
pH	5.5
Leucocytes (ESTERASE)	Negative
Protein	Negative
Glucose	Absent
Ketone Bodies Urine	Absent
Urobilinogen	Negative
Bilirubin	Negative
Blood	Negative
Nitrite	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

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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
Glucose	mg/dL	Negative (<30)	30	50	100	300
Bilirubin	mg/dL	Negative (0.2)	df: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
Pus cells (Microscopic)	/hpf	<5	-	-	-	-
Red blood cells(Microscopic)	/hpf	<2	-	-	-	-
Cast (Microscopic)	/lpf	<2	-	-	-	-

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

Dr. Shreya Shah
M.D. (Pathologist)

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CIN : U85195TN2013PTC151947



LABORATORY REPORT



Name : **ASHWINKUMAR KALABHAI TAVIYAD** Sex/Age : **Male / 41 Years** Case ID : **31002200417**
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **3058112**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **14-Oct-2023 09:04** Sample Type : **Plasma Fluoride F, Plasma Fluoride PP** Mobile No :
 Sample Date and Time : **14-Oct-2023 09:04** Sample Coll. By : Ref Id1 : **OSP28202**
 Report Date and Time : **14-Oct-2023 15:07** Acc. Remarks : **Normal** Ref Id2 : **023245798**
 TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

BIOCHEMICAL INVESTIGATIONS

Blood Glucose Level (Fasting & Post Prandial)

Plasma Glucose - F H **109.54** mg/dL 70 - 100
Photometric, Hexokinase
Plasma Glucose - PP **114.44** mg/dL 70.0 - 140.0
Photometric, Hexokinase

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

<100 mg/dL : Normal level

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

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

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

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LABORATORY REPORT



Name : **ASHWINKUMAR KALABHAI TAVIYAD** Sex/Age : **Male / 41 Years** Case ID : **31002200417**
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **3058112**
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : **14-Oct-2023 09:04** Sample Type : **Serum** Mobile No :
 Sample Date and Time : **14-Oct-2023 09:04** Sample Coll. By : Ref Id1 : **OSP28202**
 Report Date and Time : **14-Oct-2023 10:10** Acc. Remarks : **Normal** Ref Id2 : **O23245798**

TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol
Colorimetric, CHOD-POD **184.61** mg/dL **110 - 200**

HDL Cholesterol **53.6** mg/dL **48 - 77**

Triglyceride
Glycerol/Phosphate Oxidase **62.90** mg/dL **<150**

VLDL
Calculated **12.58** mg/dL **10 - 40**

Chol/HDL
Calculated **3.44** **0 - 4.1**

LDL Cholesterol
Calculated **H 118.43** 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 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)



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LABORATORY REPORT



Name : **ASHWINKUMAR KALABHAI TAVIYAD** Sex/Age : Male / 41 Years Case ID : 31002200417
 Ref.By : HOSPITAL Dis. At : Pt. ID : 3058112
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 14-Oct-2023 09:04 Sample Type : Serum Mobile No :
 Sample Date and Time : 14-Oct-2023 09:04 Sample Coll. By : Ref Id1 : OSP28202
 Report Date and Time : 14-Oct-2023 10:10 Acc. Remarks : Normal Ref Id2 : O23245798

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>	22.1	U/L	16 - 63	
S.G.O.T. <i>UV with P5P</i>	18.98	U/L	15 - 37	
Alkaline Phosphatase <i>Enzymatic, PNPP-AMP</i>	61.02	U/L	46 - 116	
Gamma Glutamyl Transferase <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate</i>	18.09	U/L	0 - 55	
Proteins (Total) <i>Colorimetric, Biuret</i>	7.21	gm/dL	6.40 - 8.30	
Albumin <i>Bromocresol purple</i>	4.57	gm/dL	3.4 - 5	
Globulin <i>Calculated</i>	2.64	gm/dL	2 - 4.1	
A/G Ratio <i>Calculated</i>	1.7		1.0 - 2.1	
Bilirubin Total <i>Photometry</i>	0.62	mg/dL	0.3 - 1.2	
Bilirubin Conjugated <i>Diazotization reaction</i>	0.25	mg/dL	0 - 0.50	
Bilirubin Unconjugated <i>Calculated</i>	0.37	mg/dL	0 - 0.8	

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LABORATORY REPORT



Name : **ASHWINKUMAR KALABHAI TAVIYAD** Sex/Age : **Male / 41 Years** Case ID : **31002200417**
Ref.By : **HOSPITAL** Dis. At : Pt. ID : **3058112**
Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **14-Oct-2023 09:04** Sample Type : **Serum** Mobile No :
Sample Date and Time : **14-Oct-2023 09:04** Sample Coll. By : Ref Id1 : **OSP28202**
Report Date and Time : **14-Oct-2023 10:10** Acc. Remarks : **Normal** Ref Id2 : **O23245798**

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BUN (Blood Urea Nitrogen) <i>GLDH</i>	13.0	mg/dL	8.90 - 20.60	
Creatinine	1.04	mg/dL	0.50 - 1.50	
Uric Acid <i>Uricase</i>	6.36	mg/dL	3.5 - 7.2	

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

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LABORATORY REPORT



Name : **ASHWINKUMAR KALABHAI TAVIYAD** Sex/Age : **Male / 41 Years** Case ID : **31002200417**
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **3058112**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **14-Oct-2023 09:04** Sample Type : **Whole Blood EDTA** Mobile No :
 Sample Date and Time : **14-Oct-2023 09:04** Sample Coll. By : Ref Id1 : **OSP28202**
 Report Date and Time : **14-Oct-2023 10:10** Acc. Remarks : **Normal** Ref Id2 : **O23245798**

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

Glycated Haemoglobin Estimation

HbA1C	5.12	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	100.24	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.

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Marketing, Clinical Trials & Corporate Affairs : Dr. Ameer Shukla	7698009812
Marketing - Laboratories : Mr. Sunil Panchal	9824002011
Billing & Accounts : Mr. Pravin Patel	9824728315
Visits (Home / Hospital for Sample Collection) & General Information : Mrs. Sonal Shah	9824408721
Sample Transport / Pick-up & Report Dispatch : Mr. Suchit Chauhan	7698009903

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Trivitron Saphthagiri Bhawan, 15, IV Street
Abhiramapuram, Chennai - 600018, Tamil Nadu
CIN : U85195TN2013PTC151947



LABORATORY REPORT



Name : **ASHWINKUMAR KALABHAI TAVIYAD** Sex/Age : **Male / 41 Years** Case ID : **31002200417**
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **3058112**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **14-Oct-2023 09:04** Sample Type : **Serum** Mobile No :
 Sample Date and Time : **14-Oct-2023 09:04** Sample Coll. By : Ref Id1 : **OSP28202**
 Report Date and Time : **14-Oct-2023 10:10** Acc. Remarks : **Normal** Ref Id2 : **O23245798**

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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Thyroid Function Test

Triiodothyronine (T3)	124.75	ng/dL	70 - 204	
Thyroxine (T4) C _{MIA}	7.28	ng/dL	4.87 - 11.72	
TSH C _{MIA}	2.36	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

	Reference range (microIU/ml)
First trimester	0.24 - 2.00
Second trimester	0.43-2.2
Third trimester	0.8-2.5

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

Dr. Shreya Shah
M.D. (Pathologist)

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CONDITIONS OF REPORTING

1. All laboratory investigations have their limitations which are imposed by the limits of sensitivity and specificity of individual assay procedures as well as the quality of the specimen received by the laboratory. Isolated laboratory investigations never confirm the final diagnosis of the disease, but only help in arriving at a diagnosis in conjunction with clinical presentation and other related investigations.
2. The result(s) relate only to the sample(s) received.
3. The test report shall not be reproduced except in full, without written approval of the Neuberg Supratech Reference Laboratory (NSRL).
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5. Report results are for the information of the referring doctor only.
6. For tests performed on specimens received from non - Neuberg Supratech Reference Laboratory (NSRL) locations (within and outside Ahmedabad) it is presumed that the specimen belongs to the patient named or identified, such verification having been carried out at the point of generation of the said specimen.
7. A test requested might yield 'INCOMPLETE RESULTS' for various technical reasons and this response will appear against the test name followed by detailed comment at the end of the report. It is expected that a fresh specimen will be sent for the purpose of reporting on the same parameter(s).
8. Neuberg Supratech Reference Laboratories (NSRL) Ahmedabad is accredited by ICMR and NABL for COVID-19 testing.

Lab Reports & Advisory Services	Contact Numbers
Biochemistry & Immunology	079-40408120
Microbiology	079-40408145
Histopathology & Cytology	079-40408132
Hematology & Clinical Pathology	079-40408114
Flow Cytometry, Coagulation & Electrophoresis	079-40408117
Genetics	079-40408161
Other Services	Contact Numbers
Marketing, Clinical Trials & Corporate Affairs : Dr. Ameer Shukla	7698009812
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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 trimester in pregnancy.

TSH ref range in Pregnancy

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 Hypothyroidism	↑	↑	↓
Secondary Hypothyroidism	↑	↑	↑
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)



Dr. Shreya Shah
M.D. (Pathologist)

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CIN: L85110GJ2012PLCO72647

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H O S P I T A L



PATIENT NAME: ASHWINKUMAR KALABHAI TAVIYAD

GENDER/AGE: Male / 41 Years

DOCTOR:

OPDNO: OSP28202

DATE: 14/10/23

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

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CIN: L85110G2012PLC02647

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H O S P I T A L



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GENDER/AGE: Male / 41 Years

DATE: 14/10/23

DOCTOR:

OPDNO: OSP28202

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 10.1 x 4.3 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 appears normal. No evidence of bladder calculus, diverticulum or mass lesion is seen. Prevoid bladder volume measures about 126 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

COLOUR DOPPLER ECHOCARDIOGRAPH REPORT

Patient's Name : Aswinkumar Age : _____ Sex : _____

Ref. by Doctor : _____ IP/OP No. : _____ Date: _____

MITRAL VALVE :
 AORTIC VALVE : | D
 TRICUSPID VALVE :
 PULMONARY VALVE :
 AORTA : 30
 LEFT ATRIUM : 34
 LV Dd/ Ds : 37/22 - EF 64%
 IVS / LVPW / D : 12/11 Concentric LMR
 IVS : | intact
 IAS :
 RA : |
 RV : |
 PERICARDIUM :
 VEL : PEAK MEAN
 M/S : Gradient mm Hg Gradient mm Hg
 MITRAL : 0.9/0.7
 AORTIC : 1.2
 PULMONARY : 1.0
 COLOUR DOPPLER : mild MR/TR
 RSVP : 28 →
 CONCLUSION : Concentric LMR; D LMR

14.10.2023 11:22:04 AM
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SARGASAN
GANDHINAGAR

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

Room:

97 bpm
-- / -- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 80 ms
QT / QTcBaz : 332 / 421 ms
PR : 128 ms
P : 100 ms
RR / PP : 616 / 618 ms
P / QRS / T : 37 / 37 / 16 degrees

Normal sinus rhythm
Normal ECG

