

**Health Check up Booking Confirmed Request(bobE50411), Package Code-  
PKG10000242, Beneficiary Code-61936**

Mediwheel <wellness@mediwheel.in>  
To: <anupam.prakash2@gmail.com>  
Cc: <customercare@mediwheel.in>

Thu, 9 Nov at 2:01 PM



**Mediwheel**  
...Your wellness partner



011-41195959

Email:wellness@mediwheel.in

Dear **MR. PRAKASH ANUPAM,**

Please find the confirmation for following request.

**Booking Date** : 09-11-2023  
**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** : 25-11-2023  
**Confirmation Status** : Confirmed  
**Preferred Time** : 8:00am-9:00am  
**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



## LABORATORY REPORT



Name : PRAKASH ANUPAM	Sex/Age : Male / 37 Years	Case ID : 31102200544
Ref By : HOSPITAL	Dis. At :	Pt. ID : 3151074
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 25-Nov-2023 11:39	Sample Type :	Mobile No :
Sample Date and Time : 25-Nov-2023 11:39	Sample Coll. By :	Ref Id1 : OSP32393
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 : O23247826

### Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
<b>Blood Glucose Fasting &amp; Postprandial</b>			
Plasma Glucose - F	<b>110.56</b>	mg/dL	70 - 100
Plasma Glucose - PP	<b>179.08</b>	mg/dL	70.0 - 140.0
<b>Glyco Hemoglobin</b> bA1C	<b>6.12</b>	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes
<b>Haemogram (CBC)</b>			
RBC (Electrical Impedance)	<b>5.51</b>	millions/cu mm	4.50 - 5.50
MCV (RBC histogram)	<b>77.9</b>	fL	83.00 - 101.00
MCH (Calc)	<b>24.9</b>	pg	27.00 - 32.00
Lymphocyte	<b>49.0</b>	%	20.00 - 40.00
Lymphocyte	<b>3484</b>	/ $\mu$ L	1000.00 - 3000.00
Platelet Count	<b>130000</b>	/ $\mu$ L	150000.00 - 410000.00
<b>Lipid Profile</b>			
DL Cholesterol	<b>35.7</b>	mg/dL	48 - 77
HDL Cholesterol	<b>5.21</b>		0 - 4.1
LDL Cholesterol	<b>125.50</b>	mg/dL	0.00 - 100.00
<b>Liver Function Test</b>			
S.G.P.T	<b>79.5</b>	U/L	16 - 63
S.G.O.T	<b>38.8</b>	U/L	15 - 37
Uric Acid	<b>7.66</b>	mg/dL	3.5 - 7.2

Abnormal Result(s) Summary End

Units: L-L, Wt-Weight, Low-L, High-H, Very High-VH, A-Abnormal

Printed On : 25-Nov-2023 15:13



## LABORATORY REPORT



Name : PRAKASH ANUPAM      Sex/Age : Male / 37 Years      Case ID : 31102200544  
 Ref By : HOSPITAL      Dis. At :      Pt. ID : 3151074  
 Bill. Loc. : Aashka hospital      Pt. Loc. :

Reg Date and Time : 25-Nov-2023 11:39      Sample Type : Whole Blood EDTA      Mobile No :  
 Sample Date and Time : 25-Nov-2023 11:39      Sample Coll. By :      Ref Id1 : OSP32393  
 Report Date and Time : 25-Nov-2023 12:21      Acc. Remarks : Normal      Ref Id2 : O23247826

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
------	---------	------	--------------------------	---------

### HAEMOGRAM REPORT

#### HGB AND INDICES

Haemoglobin	13.7	G%	13.00 - 17.00
RBC (Electrical Impedance)	H 5.51	millions/cumm	4.50 - 5.50
PCV(Calc)	42.92	%	40.00 - 50.00
MCV (RBC histogram)	L 77.9	fL	83.00 - 101.00
MCH (Calc)	L 24.9	pg	27.00 - 32.00
MCHC (Calc)	32.0	gm/dL	31.50 - 34.50
RDW (RBC histogram)	14.00	%	11.00 - 16.00

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

Total WBC Count	7110	/μL	4000.00 - 10000.00
Neutrophil	[%] 42.0	%	EXPECTED VALUES 40.00 - 70.00 [Abs] 2986 /μL EXPECTED VALUES 2000.00 - 7000.00
Lymphocyte	H 49.0	%	20.00 - 40.00 H 3484 /μL 1000.00 - 3000.00
Eosinophil	5.0	%	1.00 - 6.00 356 /μL 20.00 - 500.00
Monocytes	4.0	%	2.00 - 10.00 284 /μL 200.00 - 1000.00
Basophil	0.0	%	0.00 - 2.00 0 /μL 0.00 - 100.00


#### PLATELET COUNT (Optical)

Platelet Count	L 130000	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	0.86		0.78 - 3.53

#### SMEAR STUDY

RBC Morphology	Normocytic Normochromic anemia.
WBC Morphology	Lymphocytosis
Platelet	Thrombocytopenia.
Parasite	Malarial Parasite not seen on smear.

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

  
 Dr. Shreya Shah  
 MD (Pathology)

Printed On : 25-Nov-2023 15:13



## LABORATORY REPORT



Name : **PRAKASH ANUPAM** Sex/Age : **Male / 37 Years** Case ID : **31102200544**  
 Ref by : **HOSPITAL** Dis. At : Pt. ID : **3151074**  
 Bill Loc : **Aashka hospital** Pt. Loc :

Reg Date and Time : 25-Nov-2023 11:39	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 25-Nov-2023 11:39	Sample Coll. By :	Ref Id1 : OSP32393
Report Date and Time : 25-Nov-2023 13:12	Acc. Remarks : Normal	Ref Id2 : O23247826

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR Westergren Method	04	mm after 1hr	3 - 15	

N: Normal L: Low H: High HL: Very High A: Abnormal

Dr. Shreya Shah  
M.D. (Pathologist)

Printed On : 25-Nov-2023 15:13

Page 3 of 13





## LABORATORY REPORT



Name : PRAKASH ANUPAM	Sex/Age : Male / 37 Years	Case ID : 31102200544
Ref By : HOSPITAL	Dis. At :	Pt. ID : 3151074
Ref Loc : Aashka hospital		Pt. Loc :
Reg Date and Time : 25-Nov-2023 11:39	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 25-Nov-2023 11:39	Sample Coll. By :	Ref Id1 : OSP32393
Report Date and Time : 25-Nov-2023 12:10	Acc. Remarks : Normal	Ref Id2 : O23247826

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

(L-Low H-High HH-VeryHigh A-Abnormal)

Dr. Shreya Shah  
MD (Pathology)

Printed On : 25-Nov-2023 15:13

Page 4 of 13





## LABORATORY REPORT



Name : PRAKASH ANUPAM	Sex/Age : Male / 37 Years	Case ID : 31102200544
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3151074
Bill Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 25-Nov-2023 11:39	Sample Type : Spot Urine	Mobile No :
Sample Date and Time : 25-Nov-2023 11:39	Sample Coll. By :	Ref Id1 : OSP32393
Report Date and Time : 25-Nov-2023 12:10	Acc. Remarks : Normal	Ref Id2 : O23247826

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>URINE EXAMINATION (STRIP METHOD AND FLOWCYTOMETRY)</b>				

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	Nil	/HPF	Nil

N:Normal W:WBC Low L:Low H:High HPF:VeryHigh A:Abnormal

Dr. Shreya Shah

U.U. Pathologist

Page 5 of 13

Printed On : 25-Nov-2023 15:13



**Neuberg Supratech Reference Laboratories Private Limited**

“KEDAR” Opposite Krupa Petrol Pump, Near Parimal Garden, Ahmedabad - 380006  
 079-40408181 / 61618181 contact@supratechlabs.com www.neubergsupratech.com



## LABORATORY REPORT



Name : **PRAKASH ANUPAM** Sex/Age : **Male / 37 Years** Case ID : **31102200544**  
 Ref By : **HOSPITAL** Dis. At : Pt. ID : **3151074**  
 Bill Loc : **Aashka hospital** Pt. Loc :

Reg Date and Time : **25-Nov-2023 11:39** Sample Type : **Spot Urine** Mobile No :  
 Sample Date and Time : **25-Nov-2023 11:39** Sample Coll. By : Ref Id1 : **OSP32393**  
 Reprt Date and Time : **25-Nov-2023 12:10** Acc. Remarks : **Normal** Ref Id2 : **O23247826**

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/Notations				
			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	-	-	-	-	-

N: Normal V: Very Low L: Low H: High HH: Very High A: Abnormal

Dr. Shreya Shah

MD (Pathologist)

Page 6 of 13

Printed On : 25-Nov-2023 15:13







## LABORATORY REPORT



Name : PRAKASH ANUPAM	Sex/Age : Male / 37 Years	Case ID : 31102200544
Ref By : HOSPITAL	Dis. At :	Pt. ID : 3151074
Bill Loc : Aashka hospital		Pt. Loc :
Reg Date and Time : 25-Nov-2023 11:39	Sample Type : Plasma Fluoride F, Plasma Fluoride PP	Mobile No :
Sample Date and Time : 25-Nov-2023 11:39	Sample Coll. By :	Ref Id1 : OSP32393
Report Date and Time : 25-Nov-2023 15:02	Acc. Remarks : Normal	Ref Id2 : O23247826
TEST	RESULTS	UNIT BIOLOGICAL REF RANGE
		REMARKS

### BIOCHEMICAL INVESTIGATIONS

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

Plasma Glucose - F <small>Proteinase: Hexokinase</small>	H	110.56	mg/dL	70 - 100
Plasma Glucose - PP <small>Proteinase: Hexokinase</small>	H	179.08	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

Units: (L - Very Low, E - Low, H - High, HH - Very High, A - Abnormal)

Dr. Shreya Shah

M.D. Pathologist

Page 7 of 13

Printed On : 25-Nov-2023 15:13



Neuberg Supratech Reference Laboratories Private Limited

"KEDAR" Opposite Krupa Petrol Pump, Near Parimal Garden, Ahmedabad - 380006  
 079-40408181 / 61618181 • contact@supratechlabs.com • www.neubergsupratech.com





## LABORATORY REPORT



Name : PRAKASH ANUPAM	Sex/Age : Male / 37 Years	Case ID : 31102200544
Ref By : HOSPITAL	Dis. At :	Pt. ID : 3151074
Bill Loc : Aashka hospital		Pt. Loc :
Reg Date and Time : 25-Nov-2023 11:39	Sample Type : Serum	Mobile No :
Sample Date and Time : 25-Nov-2023 11:39	Sample Coll. By :	Ref Id1 : OSP32393
Report Date and Time : 25-Nov-2023 13:12	Acc. Remarks : Normal	Ref Id2 : O23247826

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

### BIOCHEMICAL INVESTIGATIONS

#### Lipid Profile

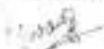
<b>Cholesterol</b> <small>Cholesterol CHOD-PGD</small>		186.0	mg/dL	110 - 200
<b>HDL Cholesterol</b>	L	35.7	mg/dL	48 - 77
<b>Triglyceride</b> <small>Triglycerol Phosphate Oxidase</small>		124.0	mg/dL	<150
<b>VLDL</b> <small>Calculated</small>		24.80	mg/dL	10 - 40
<b>Chol/HDL</b> <small>Calculated</small>	H	5.21		0 - 4.1
<b>LDL Cholesterol</b> <small>Calculated</small>	H	125.50	mg/dL	0.00 - 100.00

#### NEW ATP III GUIDELINES (MAY 2001): MODIFICATION OF NCEP

LDL CHOLESTEROL	CHOLESTEROL	HDL CHOLESTEROL	TRIGLYCERIDES
Desirable <100	Desirable <200	Low >40	Normal <150
Borderline High 100-129	Border Line 200-239	High >60	Border High 150-199
High 130-159	High >240		High 200-499
Very High >160			

- LDL cholesterol level is primary goal for treatment and varies with risk category and assessment
- LDL cholesterol level Please consider direct LDL value
- Risk assessment from HDL and Triglyceride has been revised. Also LDL goals have changed.
- Only best interpretation available from the lab
- Results 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

Unit: L - Very Low, Low, High, HH - Very High, A - Abnormal



Dr. Shreya Shah

M.D. (Hematology)

Page 8 of 13

Printed On : 25-Nov-2023 15:13



Neuberg Supratech Reference Laboratories Private Limited

"KEDAR" Opposite Krupa Petrol Pump, Near Parimal Garden, Ahmedabad - 380006  
 079-40408181 / 61618181 | contact@supratechlabs.com | www.neubergsupratech.com



## LABORATORY REPORT



Name	PRAKASH ANUPAM	Sex/Age	Male / 37 Years	Case ID	: 31102200544
Ref By	HOSPITAL	Dis. At	:	Pt. ID	: 3151074
Bill Loc	Aashka hospital			Pt. Loc	:
Reg Date and Time	: 25-Nov-2023 11:39	Sample Type	: Serum	Mobile No	:
Sample Date and Time	: 25-Nov-2023 11:39	Sample Coll. By	:	Ref Id1	: OSP32393
Report Date and Time	: 25-Nov-2023 13:12	Acc. Remarks	: Normal	Ref Id2	: O23247826

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

### BIOCHEMICAL INVESTIGATIONS

#### Liver Function Test

S.G.P.T. <small>UV with PSP</small>	H 79.5	U/L	16 - 63
S.G.O.T. <small>UV with PSP</small>	H 38.8	U/L	15 - 37
Alkaline Phosphatase <small>Colorimetric - DNPP-AMP</small>	105.1	U/L	46 - 116
Gamma Glutamyl Transferase <small>Colorimetric - gamma-L-glutamyl-3-carboxy-4-nitroanilide</small>	54.1	U/L	0 - 55
Proteins (Total) <small>Colorimetric - blue</small>	7.89	gm/dL	6.40 - 8.30
Albumin <small>Bromocresol purple</small>	4.02	gm/dL	3.4 - 5
Globulin <small>Calculated</small>	3.87	gm/dL	2 - 4.1
A/G Ratio <small>Calculated</small>	1.0		1.0 - 2.1
Bilirubin Total <small>Photometric</small>	0.69	mg/dL	0.3 - 1.2
Bilirubin Conjugated <small>Diazotization reaction</small>	0.20	mg/dL	0 - 0.50
Bilirubin Unconjugated <small>Calculated</small>	0.49	mg/dL	0 - 0.8

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

Dr. Shreya Shah

MD (Pathologist)

Page 9 of 13

Printed On : 25-Nov-2023 15:10





## LABORATORY REPORT



Name	<b>PRAKASH ANUPAM</b>	Sex/Age	<b>Male / 37 Years</b>	Case ID	<b>31102200544</b>
Ref By	HOSPITAL	Dis. At		PL ID	<b>3151074</b>
Bill Loc	Aashka hospital			Pt. Loc	
Reg Date and Time	25-Nov-2023 11:39	Sample Type	Serum	Mobile No	
Sample Date and Time	25-Nov-2023 11:39	Sample Coll. By		Ref Id1	OSP32393
Report Date and Time	25-Nov-2023 13:12	Acc. Remarks	Normal	Ref Id2	O23247826

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>BUN (Blood Urea Nitrogen)</b> <small>BUN</small>	<b>16.3</b>	mg/dL	8.90 - 20.80	
<b>Creatinine</b>	<b>0.98</b>	mg/dL	0.50 - 1.50	
<b>Uric Acid</b> <small>URICACID</small>	<b>H 7.66</b>	mg/dL	3.5 - 7.2	

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

Dr. Shreya Shah

MD (Pathology)

Page 10 of 13

Printed On : 25-Nov-2023 15:13





## LABORATORY REPORT



Name	PRAKASH ANUPAM	Sex/Age	Male / 37 Years	Case ID	: 31102200544
Ref By	HOSPITAL	Dis. At	:	Pt. ID	: 3151074
Bill Loc	Aashka hospital			Pt. Loc	:
Reg Date and Time	25-Nov-2023 11:39	Sample Type	: Whole Blood EDTA	Mobile No	:
Sample Date and Time	25-Nov-2023 11:39	Sample Coll. By	:	Ref Id1	: OSP32393
Report Date and Time	25-Nov-2023 12:10	Acc. Remarks	: Normal	Ref Id2	: O23247826

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>Glycated Haemoglobin Estimation</b>				
HbA1C	H 6.12	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) Calculated	128.94	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 glycaemic control.
- Low 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 glycaemic 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. Shreya Shah

MD, Pathologist

Page 11 of 13

Printed On : 25-Nov-2023 15:13



Neuberg Supratech Reference Laboratories Private Limited

"KEDAR" Opposite Krupa Petrol Pump, Near Parimal Garden, Ahmedabad - 380006  
 079-40408181 / 61618181 contact@supratechlabs.com www.neubergsupratech.com



## LABORATORY REPORT



Name : PRAKASH ANUPAM	Sex/Age : Male / 37 Years	Case ID : 31102200544
Ref By : HOSPITAL	Dis. At :	Pt. ID : 3151074
Bill Loc : Aashka hospital		Pt. Loc :
Reg Date and Time : 25-Nov-2023 11:39	Sample Type : Serum	Mobile No :
Sample Date and Time : 25-Nov-2023 11:39	Sample Coll. By :	Ref Id1 : OSP32393
Report Date and Time : 25-Nov-2023 12:30	Acc. Remarks : Normal	Ref Id2 : O23247826

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>Thyroid Function Test</b>				
Triiodothyronine (T3)	92.35	ng/dL	70 - 204	
Thyroxine (T4) <small>DMG</small>	7.81	ng/dL	4.87 - 11.72	
TSH <small>DMG</small>	1.25	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 decrease 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

HE (H) - Very Low L - Low H - High HH - Very High A - Abnormal

Dr. Shreya Shah

M.D. (Pathologist)

Page 12 of 13

Printed On : 25-Nov-2023 15:13



Neuberg Supratech Reference Laboratories Private Limited

“KEDAR” Opposite Krupa Petrol Pump, Near Parimal Garden, Ahmedabad - 380006  
079-40408181 / 61618181 contact@supratechlabs.com www.neubergsupratech.com



## LABORATORY REPORT



Name	<b>PRAKASH ANUPAM</b>	Sex/Age	<b>Male / 37 Years</b>	Case ID	<b>31102200544</b>
Ref By	HOSPITAL	Dis. At		Pt. ID	<b>3151074</b>
Bill Loc.	Aashka hospital			Pt. Loc	
Reg Date and Time	25-Nov-2023 11:39	Sample Type	Serum	Mobile No	
Sample Date and Time	25-Nov-2023 11:39	Sample Coll. By		Ref Id1	OSP32393
Report Date and Time	25-Nov-2023 12:30	Acc. Remarks	Normal	Ref Id2	O23247826

**Interpretation Note:**  
 s-TSH (sensitive thyroid-stimulating hormone) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitary-thyroid axis, s-TSH is the most 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 T4 concentrations.

Normal ranges of TSH & thyroid hormones vary according trimester in pregnancy.

TSH reference range in Pregnancy	Reference range (microIU/ml)
First trimester	0.24 - 2.00
Second trimester	0.43-2.7
Third trimester	0.8-2.5

	T3	T4	TSH
Normal Thyroid function	N	N	N
Primary Hyperthyroidism	↑	↑	↓
Secondary Hyperthyroidism	↑	↑	↑
Subacute 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-Very Low L-Low H-High HH-Very High A-Abnormal)

Dr. Shreya Shah

MD (Pathologist)

Page 12 of 13

Printed On : 25-Nov-2023 15:13



**Neuberg Supratech Reference Laboratories Private Limited**

“KEDAR” Opposite Krupa Petrol Pump, Near Parimal Garden, Ahmedabad - 380006  
 079-40408181 / 61618181 | contact@supratechlabs.com | www.neubergsupratech.com



**PATIENT NAME: PRAKASH ANUPAM**

**GENDER/AGE: Male / 37 Years**

**DATE: 25/11/23**

**DOCTOR:**

**OPDNO: OSP32393**

### SONOGRAPHY OF ABDOMEN AND PELVIS

**LIVER:** Liver appears normal in size and shows raised parenchymal echoes suggest fatty liver. No evidence of focal or diffuse 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 collapsed.

**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 4.6 cms in size.

Left kidney measures about 10.6 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.

**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 10 cc.

#### COMMENT:

- Fatty liver grade I. ✓
- Fecal loaded bowel loops. ✓
- Normal sonographic appearance of Pancreas, spleen, kidneys, para-aortic region, bladder and prostate.



**RADIOLOGIST**  
**DR. MEHUL PATELIYA**

REPORT REPORT REPORT REPORT REPORT



**PATIENT NAME: PRAKASH ANUPAM**

**GENDER/AGE: Male / 37 Years**

**DATE: 25/11/23**

**DOCTOR:**

**OPDNO: OSP32393**

**X-RAY CHEST PA**

Both lung fields appear clear

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.

**Impression: Normal Chest X-ray examination.**



**RADIOLOGIST**

**DR. MEHUL PATELIYA**

REPORT REPORT REPORT

**COLOUR DOPPLER ECHOCARDIOGRAPH REPORT**

Patient's Name : Prakash Age : 37 Sex : Male

Ref. by Doctor : \_\_\_\_\_ IP/OP No. : 05P32393 Date: 25/11/23

MITRAL VALVE :  
AORTIC VALVE :  
TRICUSPID VALVE : h  
PULMONARY VALVE :  
AORTA : 32  
LEFT ATRIUM : 36  
LV Dd/ Ds : 40/27 - EF 61

IVS / LVPW / D : 11/10  
IVS :  
IAS : 1 unit of  
RA :  
RV : h  
rA :

PERICARDIUM : h  
VEL : PEAK MEAN  
M/S : Gradient mm Hg Gradient mm Hg  
MITRAL : 1/0.7  
AORTIC : 1.4  
PULMONARY : 1.0  
COLOUR DOPPLER : NO MR/AR/TR

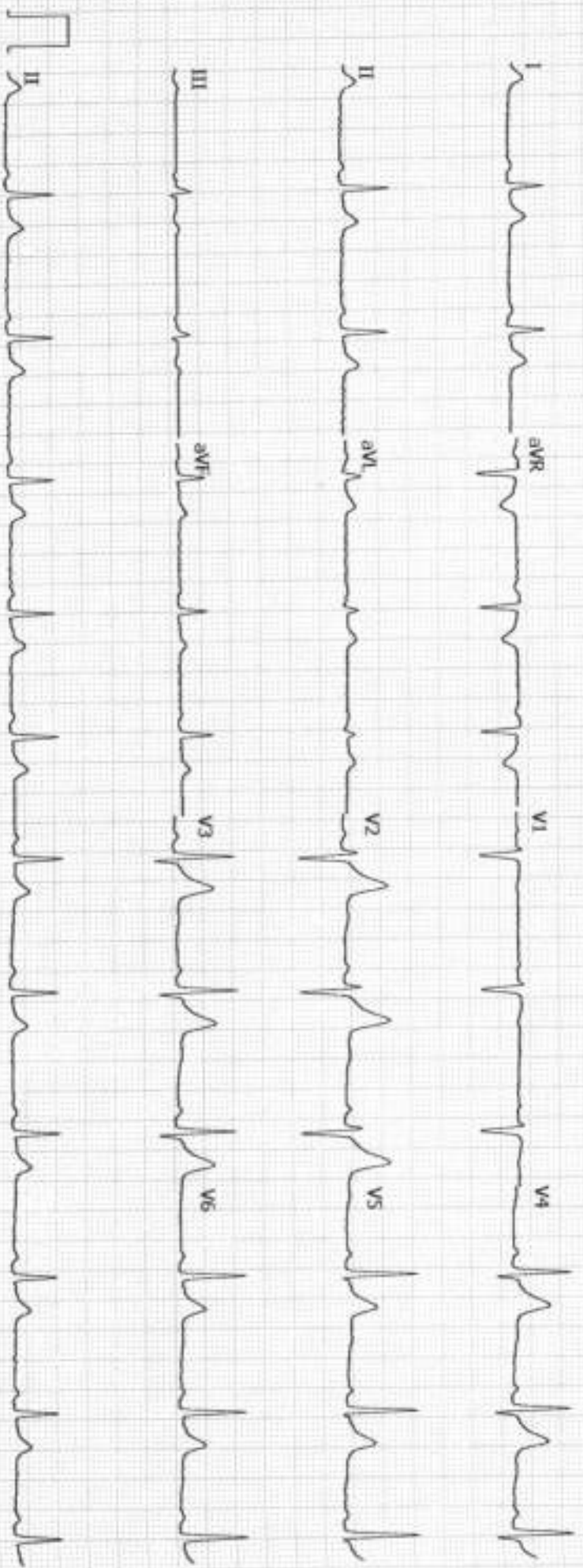
RSVP :  
CONCLUSION : h LV in size / systolic h

COLOUR DOPPLER ECHOCARDIOGRAPH REPORT

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 78 ms  
QT / QTcBaz : 346 / 365 ms  
PR : 140 ms  
P : 94 ms  
RR / PP : 902 / 895 ms  
P / QRS / T : 23 / 43 / 27 degrees

Normal sinus rhythm  
Normal ECG



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

05P32393

UHID:	Date: 25/11/20	Time: 11-4
Patient Name: Prakash Kumar	Age/Sex: 37	Height:
	Weight:	
History: Common Hacer drakt		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination: M 6/6 6/6 N 6/6 Colds Virus. Noisy		
Diagnosis:		

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

UHIP: <u>OSP32393</u>		Date: <u>25/11/25</u>	Time: <u>4:20PM</u>
Patient Name: <u>Prabhash Arunprasad</u>		Height:	Weight:
Age/Sex: <u>37M</u>	LMP:		
History: P/C/O: <u>N/A</u>		History: <u>Kidney HTN - 5yr.</u> <u>on Olanzapine</u> <u>+ Amlodipine</u>	
Allergy History: <u>N/A</u>		Addiction: <u>N/A</u>	
Nutritional Screening: <u>Well-Nourished</u> / Malnourished / Obese			
Vitals & Examination: Temperature: <u>Normal</u> Pulse: <u>92/min</u> BP: <u>124/78 mmHg</u> SPO2: <u>97% on RA</u>			
Provisional Diagnosis:			



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

UHID: <u>OSP92393</u>	Date: <u>25/11/25</u>	Time:
Patient Name: <u>Perakish Anupam</u>	Age / Sex: <u>37 / M</u>	Height: Weight:
Chief Complain:		
History: <u>Routine dental check up</u>		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination:		
Extra oral :		
Intra oral – Teeth Present : <u>Stain ++</u> <u>Calculus +</u>		
Teeth Absent :		
Diagnosis:		



