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Fwd: Health Check up Booking Confirmed Request(bobS30327),Package Code-PKG10000243, Beneficiary Code-36211 INBOX

TPA <tpa@aashkahospitals.in> to me ▾

22/02/2023 (4 days ago)

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Date: Wed Feb 22 13:33:15 IST 2023

From: Mediwheel <wellness@mediwheel.in >

To: TPA <tpa@aashkahospitals.in >

CC: mediwheelwellness@gmail.com

Subject: Health Check up Booking Confirmed Request(bobS30327),Package Code-PKG10000243, Beneficiary Code-36211



Mediwheel
...Your wellness partner



011-41195959

Email:wellness@mediwheel.in

Hi **Aashka Multispeciality Hospital,**

Diagnostic/Hospital Location :**Between Sargasan & Reliance Cross Road, City: Gandhi Nagar**

We have received the confirmation for the following booking .

Beneficiary Name : PKG10000243

Beneficiary Name : Minisha K Priyadarshi

Member Age : 49

Member Gender : Female

Member Relation : Spouse

Package Name : Medi-Wheel Metro Full Body Health Checkup Female Above 40

Location : TALOD, Gujarat-383215

Contact Details : 9825846994

Booking Date : 20-02-2023

Appointment Date : 24-02-2023

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.

We request you to facilitate the employee on priority.

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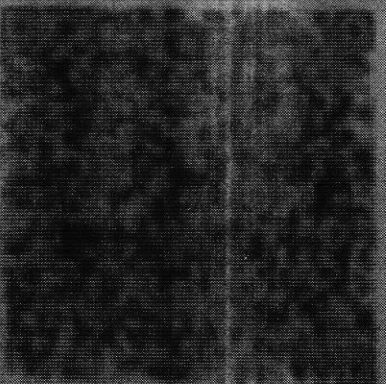
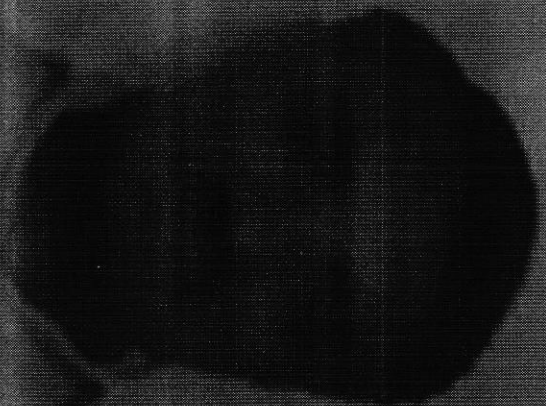
ਮਾਨਵ ਸਰਕਾਰ

ਸ਼ੀਲੇਸ਼ੁਮਿਤ ਪੁਸ਼ਕੇਸ਼ੀ

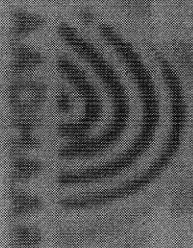
ਕਿੰਕੁਮਤਾਰ ਪੁਸ਼ਕੇਸ਼ੀ

ਯਮ ਪੀਲੀਮ / DOB: 13/10/1968

ਮੁੰਮ / MALE



7199 8852 1001



કાશી વાવિયા વેસ્ટર્સ પ્રાઇવેટ લિમિટેડ

GUJARATI COMPANY OF INDIA

સરભાઈ :

Address :

S/O: વાવિયા, વહીર નં-

S/O Varubhai, Plot No-515/2, Sector-3/C, Gandhinagar, Gandhinagar, Gujarat - 382006

515/2, સેક્ટર-૩/સી.

ગાંધીનગર, ગાંધીનગર.

ગુજરાત - ૩૮૨૦૦૬

7189 8652 1001

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. HEETA MEHTA
 M.S, OBST- GYNEC
 CONSULTANT OBSTETRICIAN
 AND GYNECOLOGIST
 Regi. No G-29736

UHID:	Date: 24/2/23	Time: 5:40pm
Patient Name: Minishaben Brijabehn	Age: 50 yrs	Mobile No:
Complaint and duration: do irreg menses but not symptomatic. Pt came for health checkup.		
History:		
Menstrual history: Cycles irreg. Flow scanty Duration of Bleeding 2-3 days Presence of pain		
LMP: in December 2022 → lasted for 3 days, scanty flow.		
H/O Associated illnesses:		
HTN:	NAD	DM: NAD
Thyroid disorder:		Others: NAD
Family History:		
Medication history:		
Obstetric History: 03/10/27yrs, 02/10/20yrs. Last child: Abdo TL done 8yrs back (in 2012).		
No of deliveries:		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
General Examination:		
CVS	BP: 130/80	Oedema of ft
RS	Wt: 46.1 kg	Tongue
Breast examination: NAD		



LABORATORY REPORT



Name : MINISHA PRIYADARSHI	Sex/Age : Female/ 50 Years	Case ID : 30202200567
Ref.By : hospital	Dis. At :	Pt. ID : 2578046
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 24-Feb-2023 09:00	Sample Type :	Mobile No :
Sample Date and Time : 25-Feb-2023 14:48	Sample Coll. By :	Ref Id1 : osp29909
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 : 022239266

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Haemogram (CBC)			
Monocyte	174	/ μ L	200.00 - 1000.00
Lipid Profile			
HDL Cholesterol	46.9	mg/dL	48 - 77
LDL Cholesterol	109.05	mg/dL	65 - 100
Thyroid Function Test			
Triiodothyronine (T3)	43.16	ng/dL	70 - 204

Abnormal Result(s) Summary End

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

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LABORATORY REPORT



Name : **MINISHA PRIYADARSHI** Sex/Age : **Female/ 50 Years** Case ID : **30202200567**
 Ref.By : hospital Dis. At : Pt. ID : **2578046**
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 24-Feb-2023 09:00	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 24-Feb-2023 09:00	Sample Coll. By :	Ref Id1 : osp29909
Report Date and Time : 24-Feb-2023 09:33	Acc. Remarks : Normal	Ref Id2 : 022239266

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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HAEMOGRAM REPORT

HB AND INDICES

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL
Haemoglobin (Colorimetric)	12.7	G%	12.00 - 15.00
RBC (Electrical Impedance)	4.41	millions/cumm	3.80 - 4.80
PCV(Calc)	38.32	%	36.00 - 46.00
MCV (RBC histogram)	86.9	fL	83.00 - 101.00
MCH (Calc)	28.8	pg	27.00 - 32.00
MCHC (Calc)	33.1	gm/dL	31.50 - 34.50
RDW (RBC histogram)	12.70	%	11.00 - 16.00

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
Total WBC Count	4350	/μL	4000.00 - 10000.00	
	[%]		EXPECTED VALUES	[Abs]
Neutrophil	65.0	%	40.00 - 70.00	2828
				/μL 2000.00 - 7000.00
Lymphocyte	29.0	%	20.00 - 40.00	1262
				/μL 1000.00 - 3000.00
Eosinophil	1.0	%	1.00 - 6.00	44
				/μL 20.00 - 500.00
Monocytes	4.0	%	2.00 - 10.00	L 174
				/μL 200.00 - 1000.00
Basophil	1.0	%	0.00 - 2.00	44
				/μL 0.00 - 100.00

PLATELET COUNT (Optical)

Platelet Count	248000	/μL	150000.00 - 410000.00
Neutrophil to Lymphocyte Ratio (NLR)	2.24		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. Shreya Shah
M.D. (Pathologist)

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

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LABORATORY REPORT



Name : MINISHA PRIYADARSHI	Sex/Age : Female/ 50 Years	Case ID : 30202200567
Ref.By : hospital	Dis. At :	Pt. ID : 2578046
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 24-Feb-2023 09:00	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 24-Feb-2023 09:00	Sample Coll. By :	Ref Id1 : osp29909
Report Date and Time : 24-Feb-2023 09:33	Acc. Remarks : Normal	Ref Id2 : 022239266

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

Dr. Shreya Shah
M.D. (Pathologist)

Dr. Manoj Shah
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LABORATORY REPORT



Name : **MINISHA PRIYADARSHI** Sex/Age : **Female/ 50 Years** Case ID : **30202200567**
Ref.By : hospital Dis. At : Pt. ID : **2578046**
Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 24-Feb-2023 09:00	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 24-Feb-2023 09:00	Sample Coll. By :	Ref Id1 : osp29909
Report Date and Time : 24-Feb-2023 10:35	Acc. Remarks : Normal	Ref Id2 : 022239266

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR	04	mm after 1hr 3 - 20		

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

Shah

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

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M.D. (Pathologist)

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LABORATORY REPORT



Name : **MINISHA PRIYADARSHI** Sex/Age : **Female/ 50 Years** Case ID : **30202200567**
Ref.By : hospital Dis. At : Pt. ID : **2578046**
Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 24-Feb-2023 09:00	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 24-Feb-2023 09:00	Sample Coll. By :	Ref Id1 : osp29909
Report Date and Time : 24-Feb-2023 09:32	Acc. Remarks : Normal	Ref Id2 : 022239266

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	O
Rh Type	POSITIVE

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

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LABORATORY REPORT



Name : **MINISHA PRIYADARSHI** Sex/Age : **Female/ 50 Years** Case ID : **30202200567**
 Ref.By : hospital Dis. At : Pt. ID : **2578046**
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 24-Feb-2023 09:00	Sample Type : Spot Urine	Mobile No :
Sample Date and Time : 24-Feb-2023 09:00	Sample Coll. By :	Ref Id1 : osp29909
Report Date and Time : 24-Feb-2023 10:15	Acc. Remarks : Normal	Ref Id2 : 022239266

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		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

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

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Name : MINISHA PRIYADARSHI	Sex/Age : Female/ 50 Years	Case ID : 30202200567
Ref.By : hospital	Dis. At :	Pt. ID : 2578046
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 24-Feb-2023 09:00	Sample Type : Spot Urine	Mobile No :
Sample Date and Time : 24-Feb-2023 09:00	Sample Coll. By :	Ref Id1 : osp29909
Report Date and Time : 24-Feb-2023 10:15	Acc. Remarks : Normal	Ref Id2 : 022239266

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)

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M.D. (Pathologist)

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LABORATORY REPORT



Name : **MINISHA PRIYADARSHI** Sex/Age : **Female/ 50 Years** Case ID : **30202200567**
 Ref.By : hospital Dis. At : Pt. ID : **2578046**
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 24-Feb-2023 09:00	Sample Type : Plasma Fluoride F, Plasma Fluoride PP	Mobile No :
Sample Date and Time : 24-Feb-2023 09:00	Sample Coll. By :	Ref Id1 : osp29909
Report Date and Time : 24-Feb-2023 15:46	Acc. Remarks : Normal	Ref Id2 : 022239266
TEST	RESULTS	UNIT
		BIOLOGICAL REF RANGE
		REMARKS

BIOCHEMICAL INVESTIGATIONS

Biochemical Investigations by Dimension EXL (Siemens)

Plasma Glucose - F	92.25	mg/dL	70.0 - 100
Plasma Glucose - PP	127.63	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)

Shah

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M.D. (Path. & Bact.)

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LABORATORY REPORT



Name : MINISHA PRIYADARSHI Sex/Age : Female/ 50 Years Case ID : 30202200567
 Ref.By : hospital Dis. At : Pt. ID : 2578046
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 24-Feb-2023 09:00	Sample Type : Serum	Mobile No :
Sample Date and Time : 24-Feb-2023 09:00	Sample Coll. By :	Ref Id1 : osp29909
Report Date and Time : 24-Feb-2023 10:15	Acc. Remarks : Normal	Ref Id2 : 022239266

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol		175.87	mg/dL	110 - 200
HDL Cholesterol	L	46.9	mg/dL	48 - 77
Triglyceride		99.58	mg/dL	40 - 200
VDL <i>Calculated</i>		19.92	mg/dL	10 - 40
Chol/HDL <i>Calculated</i>		3.75		0 - 4.1
LDL Cholesterol <i>Calculated</i>	H	109.05	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 Triglycende 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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LABORATORY REPORT



Name : **MINISHA PRIYADARSHI** Sex/Age : **Female/ 50 Years** Case ID : **30202200567**
 Ref.By : hospital Dis. At : Pt. ID : **2578046**
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 24-Feb-2023 09:00	Sample Type : Serum	Mobile No :
Sample Date and Time : 24-Feb-2023 09:00	Sample Coll. By :	Ref Id1 : osp29909
Report Date and Time : 24-Feb-2023 10:15	Acc. Remarks : Normal	Ref Id2 : 022239266

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Liver Function Test

S.G.P.T.	13.78	U/L	0 - 31	
S.G.O.T.	15.35	U/L	15 - 37	
Alkaline Phosphatase	85.01	U/L	35 - 105	
Gamma Glutamyl Transferase	8.74	U/L	5 - 36	
Proteins (Total)	6.77	gm/dL	6.4 - 8.2	
Albumin	4.20	gm/dL	3.4 - 5	
Globulin <i>Calculated</i>	2.57	gm/dL	2 - 4.1	
A/G Ratio <i>Calculated</i>	1.6		1.0 - 2.1	
Bilirubin Total	0.39	mg/dL	0.2 - 1.0	
Bilirubin Conjugated	0.20	mg/dL		
Bilirubin Unconjugated <i>Calculated</i>	0.19	mg/dL	0 - 0.8	

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

Reg Date and Time : 24-Feb-2023 09:00	Sample Type : Serum	Mobile No :
Sample Date and Time : 24-Feb-2023 09:00	Sample Coll. By :	Ref Id1 : osp29909
Report Date and Time : 24-Feb-2023 10:15	Acc. Remarks : Normal	Ref Id2 : 022239266

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BUN (Blood Urea Nitrogen) <i>GLDH</i>	10.2	mg/dL	6.00 - 20.00	
Creatinine	0.63	mg/dL	0.50 - 1.50	
Uric Acid	3.84	mg/dL	2.6 - 6.2	

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

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 Ref.By : hospital Dis. At : Pt. ID : 2578046
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 24-Feb-2023 09:00	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 24-Feb-2023 09:00	Sample Coll. By :	Ref Id1 : osp29909
Report Date and Time : 24-Feb-2023 10:15	Acc. Remarks : Normal	Ref Id2 : 022239266

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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Glycated Haemoglobin Estimation

HbA1C	5.51		% of total Hb <5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	111.44	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)

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LABORATORY REPORT



Name : **MINISHA PRIYADARSHI** Sex/Age : **Female/ 50 Years** Case ID : **30202200567**
 Ref.By : hospital Dis. At : Pt. ID : **2578046**
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 24-Feb-2023 09:00	Sample Type : Serum	Mobile No :
Sample Date and Time : 24-Feb-2023 09:00	Sample Coll. By :	Ref Id1 : osp29909
Report Date and Time : 24-Feb-2023 10:15	Acc. Remarks : Normal	Ref Id2 : 022239266

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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Thyroid Function Test

Triiodothyronine (T3)	L 43.16	ng/dL	70 - 204	
Thyroxine (T4) CMIA	6.8	ng/dL	5.5 - 11.0	
TSH CMIA	2.878	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)

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

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LABORATORY REPORT



Name : **MINISHA PRIYADARSHI** Sex/Age : **Female/ 50 Years** Case ID : **30202200567**
 Ref.By : hospital Dis. At : Pt. ID : **2578046**
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 24-Feb-2023 09:00	Sample Type : Serum	Mobile No :
Sample Date and Time : 24-Feb-2023 09:00	Sample Coll. By :	Ref Id1 : osp29909
Report Date and Time : 24-Feb-2023 10:15	Acc. Remarks : Normal	Ref Id2 : 022239266

Interpretation Note:

Ultra sensitive-thyroid-stimulating hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitary-thyroid axis, s-TSH provides a physiologic indicator of the functional level of thyroid hormone activity. Increased s-TSH indicates inadequate thyroid hormone, and suppressed s-TSH indicates excess thyroid hormone. Transient s-TSH abnormalities may be found in seriously ill, hospitalized patients, so this is not the ideal setting to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (an alternative screening test), when the s-TSH result is abnormal, appropriate follow-up tests T4 & free T3 levels should be performed. If TSH is between 5.0 to 10.0 & free T4 & free T3 level are normal then it is considered as subclinical hypothyroidism which should be followed up after 4 weeks & If TSH is > 10 & free T4 & free T3 level are normal then it is considered as overt hypothyroidism.

Serum triiodothyronine (T3) levels often are depressed in sick and hospitalized patients, caused in part by the biochemical shift to the production of reverse T3. Therefore, T3 generally is not a reliable predictor of hypothyroidism. However, in a small subset of hyperthyroid patients, hyperthyroidism may be caused by overproduction of T3 (T3 toxicosis). To help diagnose and monitor this subgroup, T3 is measured on all specimens with suppressed s-TSH and normal FT4 concentrations.

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

TSH ref range in Pregnancy	Reference range (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/↑	↓

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

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LABORATORY REPORT



Name : MINISHA PRIYADARSHI	Sex/Age : Female/ 50 Years	H.ID : 231C01847	Case ID : 30202200567
Ref By : hospital	Dis.Loc. :		Pt ID : 2578046
Bill. Loc. : Aashka hospital			Pt. Loc. :
Registration Date & Time : 24-Feb-2023 09:00	Sample Type : PAP Smear	Ph # :	
Sample Date & Time : 25-Feb-2023 14:48	Sample Coll. By :	Ref Id : osp29909	
Report Date & Time : 27-Feb-2023 10:42	Acc. Remarks :	Ref Id2 : 022239266	

Cytopathology Report

Specimen :

PAP smear for cytology (LBC PAP)

Clinical Data :

Premenopausal , irregular menstruation, 2 FTND, H/O Abdo TL, LMP in Dec 2022, Cervix NAD.

Macroscopic Examination :

Received one container with 20 ml LBC fixative and brush. One smear prepared.

Smear - 1 [PAP]

Microscopic Examination :

See below in diagnosis

Impression :

The Bethesda System (TBS 2014) (LBC Pap)

Specimen type: LBC Pap smear.

Specimen adequacy: Satisfactory for evaluation but limited by obscuring inflammation

Transformation zone elements: Not present

Infection associated changes: Trichomonas or Monilia are not seen.

Reactive cellular changes: Nil

Epithelial cell abnormality: Nil

Other cells: Nil

Interpretation/result: Negative for intraepithelial lesion or malignancy.

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

Grossing By : Dr. Bhavna Mehta

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

Dr. Vipal Parmar
M.D. Pathologist

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

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LABORATORY REPORT



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

Grossing By : Dr. Bhavna Mehta

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(Histo & Renal 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

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



PATIENT NAME:MINISHA PRIYADARSHI

GENDER/AGE:Female / 49 Years

DATE:24/02/23

DOCTOR:

OPDNO:OSP29909

SONOGRAPHY OF ABDOMEN AND PELVIS

LIVER: Liver appears normal in size and shows normal parenchymal echoes. 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 physiologically distended and appears normal. No evidence of calculus or changes of cholecystitis are seen. No evidence of pericholecystic fluid collection is seen. CBD appears normal.

PANCREAS: Pancreas appears normal in size and shows normal parenchymal echoes. No evidence of pancreatitis or pancreatic mass lesion is seen.

SPLEEN: Spleen appears normal in size and shows normal parenchymal echoes. No evidence of focal or diffuse lesion is seen.

KIDNEYS: Both kidneys are normal in size, shape and position. Both renal contours are smooth. Cortical and central echoes appear normal. Bilateral cortical thickness appears normal. No evidence of renal calculus, hydronephrosis or mass lesion is seen on either side. No evidence of perinephric fluid collection is seen.

Right kidney measures about 9.9 x 4.3 cms in size.

Left kidney measures about 10.2 x 4.7 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 290 cc.

UTERUS: Uterus is anteverted and appears normal in size, shape and position. Endometrial and myometrial echoes appear normal. Endometrial thickness measures about 5.9 mm. No evidence of uterine mass lesion is seen.

Bilateral adnexa appear unremarkable.

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


DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST

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
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PATIENT NAME:MINISHA PRIYADARSHI

GENDER/AGE:Female / 49 Years

DATE:24/02/23

DOCTOR:

OPDNO:OSP29909

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.

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PATIENT NAME:MINISHA PRIYADARSHI

GENDER/AGE:Female / 49 Years

DATE:24/02/23

DOCTOR:

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BILATERAL MAMMOGRAM

Dedicated digital mammography with Craniocaudal and medio lateral oblique view was performed.

Fibrofatty and glandular parenchyma is noted on either side. No definite evidence of mass, abnormal microcalcification or architectural distortion is seen. No evidence of skin thickening or nipple retraction is seen.

COMMENT: Normal mammography of breast on either side (BIRADS - Category - I).

BIRADS Categories:

- 0 Need imaging evaluation.
- I Negative.
- II Benign finding.
- III Probably benign finding.
- IV Suspicious abnormality.
- V Highly suggestive of malignancy.
- VI Biopsy proven malignancy.

The false negative mammography is approximately 10%. Management of a palpable abnormality must be based upon clinical grounds.

Screening mammogram:

Women with no symptoms

AGE: 35-39: Baseline study.

AGE: 40-49: Every 1-2 years

AGE: 50 and above: Every year

**DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST**