

**Fwd: Health Check up Booking Confirmed Request(bobE13266),Package Code-  
PKG1000240, Beneficiary Code-70265**

1 message

Mehul Parmar <dakshmehul1988@gmail.com>  
To: 216shreeji <216shreeji@gmail.com>

Sat, Jul 9, 2022 at 8:53 AM

Sent from vivo smartphone

----- Forwarded -----

Sender: Mediwheel &lt;customercare@policywheel.com&gt;

Date: Jun 29, 2022 6:51 PM

Subject: Health Check up Booking Confirmed Request(bobE13266),Package Code-PKG1000240, Beneficiary Code-70265

Recipient: dakshmehul1988 &lt;dakshmehul1988@gmail.com&gt;

CC: Mediwheel CC &lt;customercare@mediwheel.in&gt;,Mediwheel CC &lt;mediwheelwellness@gmail.com&gt;



**Mediwheel**  
...Your wellness partner

**011-41195959****Email:wellness@mediwheel.in**Dear **MR. PARMAR MEHUL AMRUTLAL,**

Please find the confirmation for following request.

**Booking Date** : 25-06-2022**Package Name** : Medi-Wheel Metro Full Body Health Checkup Male Below 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** : 09-07-2022**Confirmation Status** : Confirmed**Preferred Time** : 09:00:AM**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.

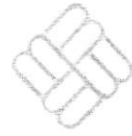
**For Women:**

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.

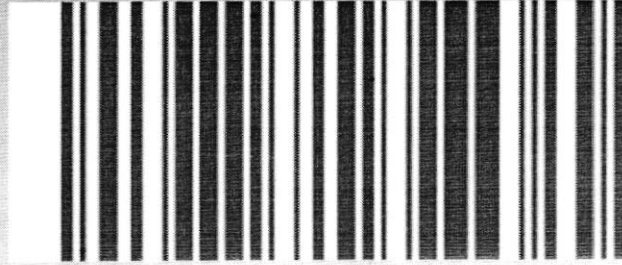
Request you to reach half an hour before the scheduled time.

In case of further assistance, Please reach out to Team Mediwheel.

---



# Parmar Mehul Amrutlal



Beneficiary name Parmar Mehul Amrutlal

Member ID .5048055799

Employee code 165176

Relation Self

Date of Birth 01-Mar-1988

Primary insured Parmar Mehul Amrutlal

Policy start date 01-Oct-2021

Policy end date 30-Sep-2022

Policy Holder BANK OF BARODA\_IBA

Insurer ID --



ભારતીય વિશિષ્ટ ઓળખાણ પ્રણાલિ

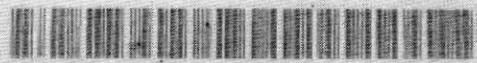
ભારત સરકાર

Unique Identification Authority of India  
Government of India

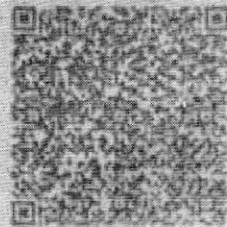
નોંધણીની ઓળખ / Enrollment No 1081/14107/05436

To,  
મેહુલભાઈ પરમાર  
Mehulbhai Parmar  
S/O: Anantlal Parmar  
Hudko Rupai  
Rupai  
Rupai Mansa Gandhinagar  
Gujarat 382630  
9904125773

Ref: 235 / 05L / 227918 / 228175 / P



SH624623797FT



તમારો આધાર નંબર / Your Aadhaar No. :

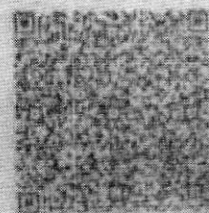
**2259 7885 1914**

આધાર - સામાન્ય માણસનો અધિકાર



ભારત સરકાર  
Government of India

મેહુલભાઈ પરમાર  
Mehulbhai Parmar  
જન્મ તારીખ / DOB : 01/03/1988  
પુરુષ / Male



**2259 7885 1914**

આધાર - સામાન્ય માણસનો અધિકાર

BANK OF BARODA  
ANTARSUMBA BRANCH  
VIJAYNAGAR SK


DATE: 31/05/2021

PARMAR MEHUL KUMAR AMRUTLAL  
DOB 01/03/1988  
DOJ 30/06/2012  
EMPLOYEE NO 165176  
GRADE CLERICAL



EMPLOYEE SIGNATURE

*Mehul A. Parmar*

 कृते बैंक ऑफ़ बड़ोदा / For Bank of Baroda

*Mehul A. Parmar*  
शाखा प्रबन्धक / BRANCH MANAGER  
अंतरसुम्बा शाखा, वि. स.क. / ANTARSUMBA BR., DI. S.K.





Treatment:

✓ - Sealing

✓ - FCC.

**DR. JIGISHA VADODARIYA**  
 M.D., IDCCM.  
 CRITICAL CARE MEDICINE  
 R.NO.G-27131

<b>UHID:</b>		<b>Date:</b> 9/7/2022		<b>Time:</b> 5 PM.	
<b>Patient Name:</b> Mehutbhai Pasmal			<b>Height:</b>		
<b>Age / Sex:</b> 34 M. LMP:			<b>Weight:</b>		
<b>History:</b>					
<b>Medical History:</b>		<b>Surgical History:</b>		<b>C/C/O:</b>	
DM _____ HTN _____		oldo ureter		Routine check up.	
COPD _____ CKD _____		Stone			
Hypothyroidism _____ CAD _____		Others:			
NO.					
<b>Allergy History:</b> NO			<b>Addiction:</b>		
<b>Nutritional Screening:</b> Well-Nourished / Malnourished / Obese					
<b>Examination:</b>				<b>Temp</b>	
<b>RS:</b>		<b>CNS:</b>		<b>Pulse</b> 60/min	
BLAF (+)				<b>BP</b> 130/80	
				<b>SPO2</b> 98%	
<b>CVS:</b>		<b>PA:</b>			
S1S2 (+)					
<b>Provisional Diagnosis:</b> Physically fit.					



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



**aashka**  
HOSPITAL



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

<b>UHID:</b>	<b>Date:</b> 9/7/22	<b>Time:</b>
<b>Patient Name:</b> meht bharat	<b>Age /Sex:</b> 34	<b>Height:</b>
	<b>Weight:</b>	
<b>History:</b> Rupa chudra wa. D.V. G. 6/6 6/6		
<b>Allergy History:</b>		
<b>Nutritional Screening:</b> Well-Nourished / Malnourished / Obese		
<b>Examination:</b>		
<b>Diagnosis:</b>		

**PATIENT NAME:MEHULBHAI PARMAR**

**GENDER/AGE:Male / 34 Years**

**DATE:09/07/22**

**DOCTOR:**

**OPDNO:OSP28206**

## SONOGRAPHY OF ABDOMEN AND PELVIS

**LIVER:** Liver appears normal in size and shows increased parenchymal echoes suggest fatty changes. 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 hydronephrosis or mass lesion is seen on either side. No evidence of perinephric fluid collection is seen. **4 mm calculus is seen in right middle calyx. Bilateral renal concretions are seen. (3-4 in number)**

Right kidney measures about 10.2 x 4.1 cms in size.

Left kidney measures about 10.3 x 4.1 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 90 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.

4 mm calculus seen in right middle calyx. Bilateral renal concretions seen. (3-4 in number)

Fecal loaded large bowel loops seen.

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

  
**Dr. Snehal B. Prajapati, G-0064**

Aashka Hospitals Ltd.  
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Sargasan, Gandhinagar - 382421. Gujarat, India  
Phone: 079-29750750, +91-7575006000 / 9000  
Emergency No.: +91-7575007707 / 9879752777  
www.aashkahospitals.in  
CIN: L85110GJ2012PLC072647



**PATIENT NAME:MEHULBHAI PARMAR**

**GENDER/AGE:Male / 34 Years**

**DATE:09/07/22**

**DOCTOR:**

**OPDNO:OSP28206**

### 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**

LABORATORY REPORT



Name : **MEHULBHAI PARMAR** Sex/Age : **Male / 34 Years** Case ID : **20702200253**  
 Ref.By : **HOSPITAL,** Dis. At : Pt. ID : **2159704**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 09-Jul-2022 09:30 Sample Type : Whole Blood EDTA Mobile No : 9904125773  
 Sample Date and Time : 09-Jul-2022 09:30 Sample Coll. By : Ref Id1 : OSP28206  
 Report Date and Time : 09-Jul-2022 09:40 Acc. Remarks : Normal Ref Id2 : O22232428

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin (Colorimetric)	15.3	G%	13.00 - 17.00
RBC (Electrical Impedance)	5.14	millions/cumm	4.50 - 5.50
PCV(Calc)	46.88	%	40.00 - 50.00
MCV (RBC histogram)	91.2	fL	83.00 - 101.00
MCH (Calc)	29.8	pg	27.00 - 32.00
MCHC (Calc)	32.6	gm/dL	31.50 - 34.50
RDW (RBC histogram)	14.20	%	11.00 - 16.00

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

Total WBC Count	9030	/μL	4000.00 - 10000.00
	[ % ]	EXPECTED VALUES	[ Abs ] EXPECTED VALUES
Neutrophil	64.0	% 40.00 - 70.00	5779 /μL 2000.00 - 7000.00
Lymphocyte	29.0	% 20.00 - 40.00	2619 /μL 1000.00 - 3000.00
Eosinophil	2.0	% 1.00 - 6.00	181 /μL 20.00 - 500.00
Monocytes	5.0	% 2.00 - 10.00	452 /μL 200.00 - 1000.00
Basophil	0.0	% 0.00 - 2.00	0 /μL 0.00 - 100.00


PLATELET COUNT (Optical)

Platelet Count	283000	/μL	150000.00 - 410000.00
Neutrophil to Lymphocyte Ratio (NLR)	2.21		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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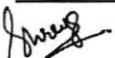
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LABORATORY REPORT



Name : MEHULBHAI PARMAR	Sex/Age : Male / 34 Years	Case ID : 20702200253
Ref.By : HOSPITAL,	Dis. At :	Pt. ID : 2159704
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 09-Jul-2022 09:30	Sample Type : Whole Blood EDTA	Mobile No : 9904125773
Sample Date and Time : 09-Jul-2022 09:30	Sample Coll. By :	Ref Id1 : OSP28206
Report Date and Time : 09-Jul-2022 09:40	Acc. Remarks : Normal	Ref Id2 : O22232428

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



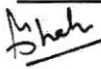
Name : MEHULBHAI PARMAR	Sex/Age : Male / 34 Years	Case ID : 20702200253
Ref.By : HOSPITAL,	Dis. At :	Pt. ID : 2159704
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 09-Jul-2022 09:30	Sample Type : Whole Blood EDTA	Mobile No : 9904125773
Sample Date and Time : 09-Jul-2022 09:30	Sample Coll. By :	Ref Id1 : OSP28206
Report Date and Time : 09-Jul-2022 11:54	Acc. Remarks : Normal	Ref Id2 : O22232428

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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HAEMATOLOGY INVESTIGATIONS

ESR	04	mm after 1hr	3 - 15	
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Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)



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M.D. (Path. & Bact.)

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M.D. (Pathologist)

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LABORATORY REPORT



Name : MEHULBHAI PARMAR Sex/Age : Male / 34 Years Case ID : 20702200253  
Ref.By : HOSPITAL, Dis. At : Pt. ID : 2159704  
Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 09-Jul-2022 09:30 Sample Type : Whole Blood EDTA Mobile No : 9904125773  
Sample Date and Time : 09-Jul-2022 09:30 Sample Coll. By : Ref Id1 : OSP28206  
Report Date and Time : 09-Jul-2022 09:58 Acc. Remarks : Normal Ref Id2 : O22232428

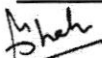
TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

HAEMATOLOGY INVESTIGATIONS

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

ABO Type B  
Rh Type POSITIVE

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



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LABORATORY REPORT



Name : **MEHULBHAI PARMAR** Sex/Age : **Male / 34 Years** Case ID : **20702200253**  
 Ref.By : **HOSPITAL,** Dis. At : Pt. ID : **2159704**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 09-Jul-2022 09:30	Sample Type : Spot Urine	Mobile No : 9904125773
Sample Date and Time : 09-Jul-2022 09:30	Sample Coll. By :	Ref Id1 : OSP28206
Report Date and Time : 09-Jul-2022 09:50	Acc. Remarks : Normal	Ref Id2 : O22232428

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

Physical examination

Colour **Pale yellow**  
 Transparency **Clear**

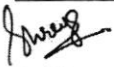
Chemical Examination By Sysmex UC-3500

Sp.Gravity	1.025		1.005 - 1.030
pH	5.5		5 - 8
Leucocytes (ESTERASE)	Negative		Negative
Protein	Negative		Negative
Glucose	Negative		Negative
Ketone Bodies Urine	Negative		Negative
Urobilinogen	Negative		Negative
Bilirubin	Negative		Negative
Blood	Negative		Negative
Nitrite	Negative		Negative

Flowcytometric Examination By Sysmex UF-5000

Leucocyte	Nil	/HPF	Nil
Red Blood Cell	Nil	/HPF	Nil
Epithelial Cell	Present +	/HPF	Present(+)
Bacteria	Nil	/ul	Nil
Yeast	Nil	/ul	Nil
Cast	Nil	/LPF	Nil
Crystals	Negative		Negative

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

  
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LABORATORY REPORT



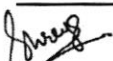
Name : MEHULBHAI PARMAR Sex/Age : Male / 34 Years Case ID : 20702200253  
 Ref.By : HOSPITAL, Dis. At : Pt. ID : 2159704  
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 09-Jul-2022 09:30 Sample Type : Spot Urine Mobile No : 9904125773  
 Sample Date and Time : 09-Jul-2022 09:30 Sample Coll. By : Ref Id1 : OSP28206  
 Report Date and Time : 09-Jul-2022 09:50 Acc. Remarks : Normal Ref Id2 : O22232428

Parameter	Unit	Expected value	Result/Notations				
			Trace	+	++	+++	++++
pH	-	4.8-7.4					
SG	-	1.016-1.022					
Protein	mg/dl	Negative (<10)	10	25	75	150	50
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	-	-	-	-	-

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



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LABORATORY REPORT



Name : MEHULBHAI PARMAR Sex/Age : Male / 34 Years Case ID : 20702200253  
Ref.By : HOSPITAL, Dis. At : Pt. ID : 2159704  
Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 09-Jul-2022 09:30 Sample Type : Plasma Fluoride F, Plasma Fluoride PP Mobile No : 9904125773  
Sample Date and Time : 09-Jul-2022 09:30 Sample Coll. By : Ref Id1 : OSP28206  
Report Date and Time : 09-Jul-2022 14:11 Acc. Remarks : Normal Ref Id2 : O22232428  
TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

BIOCHEMICAL INVESTIGATIONS

Biochemical Investigations by Dimension EXL (Siemens)

Plasma Glucose - F	90.9	mg/dL	70.0 - 100
Plasma Glucose - PP	102	mg/dL	70.0 - 140.0

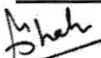
Reference range has been changed as per recent guidelines of ISPAD 2018.

<100 mg/dL : Normal level

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

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

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



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M.D. (Path. & Bact.)

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LABORATORY REPORT



Name : MEHULBHAI PARMAR Sex/Age : Male / 34 Years Case ID : 20702200253  
 Ref.By : HOSPITAL, Dis. At : Pt. ID : 2159704  
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 09-Jul-2022 09:30 Sample Type : Serum Mobile No : 9904125773  
 Sample Date and Time : 09-Jul-2022 09:30 Sample Coll. By : Ref Id1 : OSP28206  
 Report Date and Time : 09-Jul-2022 14:57 Acc. Remarks : Normal Ref Id2 : O22232428

TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

BIOCHEMICAL INVESTIGATIONS

Lipid Profile

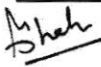
Cholesterol		166.90	mg/dL	110 - 200
HDL Cholesterol	L	27.78	mg/dL	48 - 77
Triglyceride		154.71	mg/dL	40 - 200
VLDL Calculated		30.94	mg/dL	10 - 40
Chol/HDL Calculated	H	6.01		0 - 4.1
LDL Cholesterol (Direct) CALC	H	130.48	mg/dL	65 - 100

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 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 assesment

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



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Dr. Shreya Shah  
 M.D. (Pathologist)

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LABORATORY REPORT



Name : MEHULBHAI PARMAR Sex/Age : Male / 34 Years Case ID : 20702200253  
Ref.By : HOSPITAL, Dis. At : Pt. ID : 2159704  
Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 09-Jul-2022 09:30 Sample Type : Serum Mobile No : 9904125773  
Sample Date and Time : 09-Jul-2022 09:30 Sample Coll. By : Ref Id1 : OSP28206  
Report Date and Time : 09-Jul-2022 14:58 Acc. Remarks : Normal Ref Id2 : O22232428

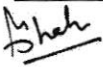
TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

BIOCHEMICAL INVESTIGATIONS

Liver Function Test

S.G.P.T.	H	43.08	U/L	0 - 41
S.G.O.T.		29.13	U/L	15 - 37
Alkaline Phosphatase		99.73	U/L	40 - 130
Gamma Glutamyl Transferase		35.21	U/L	8 - 61
Proteins (Total)		7.31	gm/dL	6.4 - 8.2
Albumin		4.69	gm/dL	3.4 - 5
Globulin <i>Calculated</i>		2.62	gm/dL	2 - 4.1
A/G Ratio <i>Calculated</i>		1.8		1.0 - 2.1
Bilirubin Total		0.28	mg/dL	0.2 - 1.0
Bilirubin Conjugated		0.17	mg/dL	
Bilirubin Unconjugated <i>Calculated</i>		0.11	mg/dL	0 - 0.8

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



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LABORATORY REPORT

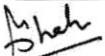


Name : **MEHULBHAI PARMAR** Sex/Age : **Male / 34 Years** Case ID : **20702200253**  
Ref.By : HOSPITAL, Dis. At : Pt. ID : 2159704  
Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 09-Jul-2022 09:30 Sample Type : Serum Mobile No : 9904125773  
Sample Date and Time : 09-Jul-2022 09:30 Sample Coll. By : Ref Id1 : OSP28206  
Report Date and Time : 09-Jul-2022 15:00 Acc. Remarks : Normal Ref Id2 : O22232428

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>BIOCHEMICAL INVESTIGATIONS</b>				
<b>BUN (Blood Urea Nitrogen)</b> <small>GLDH</small>	<b>10.07</b>	mg/dL	6.00 - 20.00	
<b>Creatinine</b>	<b>1.07</b>	mg/dL	0.50 - 1.50	
<b>Uric Acid</b>	<b>6.13</b>	mg/dL	3.5 - 7.2	

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



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LABORATORY REPORT



Name : MEHULBHAI PARMAR	Sex/Age : Male / 34 Years	Case ID : 20702200253
Ref.By : HOSPITAL,	Dis. At :	Pt. ID : 2159704
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 09-Jul-2022 09:30	Sample Type : Whole Blood EDTA	Mobile No : 9904125773
Sample Date and Time : 09-Jul-2022 09:30	Sample Coll. By :	Ref Id1 : OSP28206
Report Date and Time : 09-Jul-2022 10:59	Acc. Remarks : Normal	Ref Id2 : O22232428

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>BIOCHEMICAL INVESTIGATIONS</b>				
<b>Glycated Haemoglobin Estimation</b>				

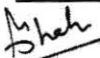
<b>HbA1C</b>	<b>5.33</b>		% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes
<b>Avg. PI Glucose (Last 3 Months)</b> <i>Calculated</i>	<b>106.27</b>	mg/dL		80.00 - 140.00

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 : MEHULBHAI PARMAR Sex/Age : Male / 34 Years Case ID : 20702200253  
 Ref.By : HOSPITAL, Dis. At : Pt. ID : 2159704  
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 09-Jul-2022 09:30 Sample Type : Serum Mobile No : 9904125773  
 Sample Date and Time : 09-Jul-2022 09:30 Sample Coll. By : Ref Id1 : OSP28206  
 Report Date and Time : 09-Jul-2022 10:59 Acc. Remarks : Normal Ref Id2 : O22232428

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	TEST REMARK
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**Thyroid Function Test**

Triiodothyronine (T3)	105.16	ng/dL	70 - 204	
Thyroxine (T4) CMIA	H 10.8	ng/dL	4.6 - 10.5	
TSH CMIA	2.3024	µIU/mL	0.4 - 4.2	

**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)

*Shah*

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LABORATORY REPORT

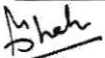


Name : MEHULBHAI PARMAR	Sex/Age : Male / 34 Years	Case ID : 20702200253
Ref.By : HOSPITAL,	Dis. At :	Pt. ID : 2159704
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 09-Jul-2022 09:30	Sample Type : Serum	Mobile No : 9904125773
Sample Date and Time : 09-Jul-2022 09:30	Sample Coll. By :	Ref Id1 : OSP28206
Report Date and Time : 09-Jul-2022 10:59	Acc. Remarks : Normal	Ref Id2 : O22232428

----- 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)



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**PATIENT NAME:MEHULBHAI PARMAR**

**GENDER/AGE:Male / 34 Years**

**DATE:09/07/22**

**DOCTOR:DR.HASIT JOSHI**

**OPDNO:OSP28206**

**2D-ECHO**

<b>MITRAL VALVE</b>	<b>: NORMAL</b>	
<b>AORTIC VALVE</b>	<b>: NORMAL</b>	
<b>TRICUSPID VALVE</b>	<b>: NORMAL</b>	
<b>PULMONARY VALVE</b>	<b>: NORMAL</b>	
<b>AORTA</b>	<b>: 35mm</b>	
<b>LEFT ATRIUM</b>	<b>: 39mm</b>	
<b>LV Dd / Ds</b>	<b>: 45/33mm</b>	<b>EF 52%</b>
<b>IVS / LVPW / D</b>	<b>: 9.5/10mm</b>	
<b>IVS</b>	<b>: NORMAL</b>	
<b>IAS</b>	<b>: NORMAL</b>	
<b>RA</b>	<b>: MILD DILATED</b>	
<b>RV</b>	<b>: MILD DILATED</b>	
<b>PA</b>	<b>: MILD DILATED</b>	
<b>PERICARDIUM</b>	<b>: NORMAL</b>	
<b>VEL</b>	<b>: PEAK</b>	<b>MEAN</b>
<b>M/S</b>	<b>: Gradient mm Hg</b>	<b>Gradient mm Hg</b>
<b>MITRAL</b>	<b>: 1/0.6m/s</b>	
<b>AORTIC</b>	<b>: 1.3m/s</b>	
<b>PULMONARY</b>	<b>: 1.2m/s</b>	
<b>COLOUR DOPPLER</b>	<b>: MILD TR</b>	
<b>RVSP</b>	<b>: 32mmHg</b>	
<b>CONCLUSION</b>	<b>: BRADYCARDIA + ; NORMAL LV SIZE &amp; SYSTOLIC FUNCTION; MILD TR, NO PAH.</b>	

**CARDIOLOGIST**

**DR.HASIT JOSHI (9825012235)**

Mehulbhai parmar  
ID: osp28206

7.00 Contrast 226 166 05

09.07.2022 11:20:17 AM

AASHKA HOSPITAL LTD.  
SARGASAN  
GANDHINAGAR

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

0459 LOT D 942 #  
Room:

53 bpm  
-- / -- mmHg

34 Years

Male

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 92 ms  
QT / QTcBaz : 402 / 377 ms  
PR : 168 ms  
P : 88 ms  
RR / PP : 1126 / 1132 ms  
P / QRS / T : 18 / 28 / 12 degrees

Sinus bradycardia  
Otherwise normal ECG

