



## LABORATORY REPORT



Name : <b>RAJABHAI J DESAI</b>	Sex/Age : <b>Male / 57 Years</b>	Case ID : <b>30102200369</b>
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2505595
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 16-Jan-2023 10:48	Sample Type :	Mobile No :
Sample Date and Time : 16-Jan-2023 10:48	Sample Coll. By :	Ref Id1 : OSP29484
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 : O22238188

### Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
<b>Blood Glucose Fasting &amp; Postprandial</b>			
Plasma Glucose - F	<b>103.57</b>	mg/dL	70.0 - 100
<b>Glyco Hemoglobin</b>			
HbA1C	<b>5.93</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>81.3</b>	fL	83.00 - 101.00
MCH (Calc)	<b>26.3</b>	pg	27.00 - 32.00
<b>Lipid Profile</b>			
Cholesterol	<b>245.78</b>	mg/dL	110 - 200
HDL Cholesterol	<b>40.2</b>	mg/dL	48 - 77
Chol/HDL	<b>6.11</b>		0 - 4.1
LDL Cholesterol	<b>166.47</b>	mg/dL	65 - 100

Abnormal Result(s) Summary End

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

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

Reg Date and Time : 16-Jan-2023 10:48 Sample Type : Whole Blood EDTA Mobile No :  
 Sample Date and Time : 16-Jan-2023 10:48 Sample Coll. By : Ref Id1 : OSP29484  
 Report Date and Time : 16-Jan-2023 11:13 Acc. Remarks : Normal Ref Id2 : O22238188

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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### HAEMOGRAM REPORT

#### HB AND INDICES

<b>Haemoglobin (Colorimetric)</b>	14.5	G%	13.00 - 17.00
<b>RBC (Electrical Impedance)</b>	H <b>5.51</b>	millions/cumm	4.50 - 5.50
<b>PCV(Calc)</b>	44.80	%	40.00 - 50.00
<b>MCV (RBC histogram)</b>	L <b>81.3</b>	fL	83.00 - 101.00
<b>MCH (Calc)</b>	L <b>26.3</b>	pg	27.00 - 32.00
<b>MCHC (Calc)</b>	32.4	gm/dL	31.50 - 34.50
<b>RDW (RBC histogram)</b>	15.50	%	11.00 - 16.00

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

Total WBC Count		UNIT	EXPECTED VALUES	[ Abs ]	EXPECTED VALUES
<b>Total WBC Count</b>	6260	/μL	4000.00 - 10000.00		
<b>Neutrophil</b>	[ % ] 66.0	%	40.00 - 70.00	4132	/μL 2000.00 - 7000.00
<b>Lymphocyte</b>	26.0	%	20.00 - 40.00	1628	/μL 1000.00 - 3000.00
<b>Eosinophil</b>	4.0	%	1.00 - 6.00	250	/μL 20.00 - 500.00
<b>Monocytes</b>	4.0	%	2.00 - 10.00	250	/μL 200.00 - 1000.00
<b>Basophil</b>	0.0	%	0.00 - 2.00	0	/μL 0.00 - 100.00

#### PLATELET COUNT (Optical)

<b>Platelet Count</b>	273000	/μL	150000.00 - 410000.00
<b>Neutrophil to Lymphocyte Ratio (NLR)</b>	2.54		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)

*Shah*

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Reg Date and Time : 16-Jan-2023 10:48	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 16-Jan-2023 10:48	Sample Coll. By :	Ref Id1 : OSP29484
Report Date and Time : 16-Jan-2023 13:25	Acc. Remarks : Normal	Ref Id2 : O22238188

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR	06	mm after 1 hr	3 - 20	

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

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Sample Date and Time : 16-Jan-2023 10:48	Sample Coll. By :	Ref Id1 : OSP29484
Report Date and Time : 16-Jan-2023 11:31	Acc. Remarks : Normal	Ref Id2 : O22238188

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)**

<b>ABO Type</b>	<b>AB</b>
<b>Rh Type</b>	<b>POSITIVE</b>

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 Ref.By : HOSPITAL Dis. At : Pt. ID : 2505595  
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 16-Jan-2023 10:48	Sample Type : Spot Urine	Mobile No :
Sample Date and Time : 16-Jan-2023 10:48	Sample Coll. By :	Ref Id1 : OSP29484
Report Date and Time : 16-Jan-2023 11:12	Acc. Remarks : Normal	Ref Id2 : O22238188

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** 1.005 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

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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	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	-	-	-	-	-

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Reg Date and Time : 16-Jan-2023 10:48	Sample Type : Plasma Fluoride F, Plasma Fluoride PP	Mobile No :
Sample Date and Time : 16-Jan-2023 10:48	Sample Coll. By :	Ref Id1 : OSP29484
Report Date and Time : 16-Jan-2023 14:13	Acc. Remarks : Normal	Ref Id2 : O22238188
TEST	RESULTS UNIT	BIOLOGICAL REF RANGE REMARKS

### BIOCHEMICAL INVESTIGATIONS

#### Biochemical Investigations by Dimension EXL (Siemens)

<b>Plasma Glucose - F</b>	H	<b>103.57</b>	mg/dL	70.0 - 100
<b>Plasma Glucose - PP</b>		<b>134.46</b>	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

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Reg Date and Time : 16-Jan-2023 10:48 Sample Type : Serum Mobile No :  
 Sample Date and Time : 16-Jan-2023 10:48 Sample Coll. By : Ref Id1 : OSP29484  
 Report Date and Time : 16-Jan-2023 14:33 Acc. Remarks : Normal Ref Id2 : O22238188

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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### BIOCHEMICAL INVESTIGATIONS

#### Lipid Profile

<b>Cholesterol</b>	H	<b>245.78</b>	mg/dL	110 - 200
<b>HDL Cholesterol</b>	L	<b>40.2</b>	mg/dL	48 - 77
<b>Triglyceride</b>		<b>195.56</b>	mg/dL	40 - 200
<b>VLDL</b> <i>Calculated</i>		<b>39.11</b>	mg/dL	10 - 40
<b>Chol/HDL</b> <i>Calculated</i>	H	<b>6.11</b>		0 - 4.1
<b>LDL Cholesterol</b> <i>Calculated</i>	H	<b>166.47</b>	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 assesment 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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Sample Date and Time : 16-Jan-2023 10:48	Sample Coll. By :	Ref Id1 : OSP29484
Report Date and Time : 16-Jan-2023 14:33	Acc. Remarks : Normal	Ref Id2 : O22238188

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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### BIOCHEMICAL INVESTIGATIONS

#### Liver Function Test

<b>S.G.P.T.</b>	<b>25.15</b>	U/L	0 - 41
<b>S.G.O.T.</b>	<b>18.85</b>	U/L	15 - 37
<b>Alkaline Phosphatase</b>	<b>60.56</b>	U/L	40 - 130
<b>Gamma Glutamyl Transferase</b>	<b>23.61</b>	U/L	8 - 61
<b>Proteins (Total)</b>	<b>7.86</b>	gm/dL	6.4 - 8.2
<b>Albumin</b>	<b>4.92</b>	gm/dL	3.4 - 5
<b>Globulin</b> <i>Calculated</i>	<b>2.94</b>	gm/dL	2 - 4.1
<b>A/G Ratio</b> <i>Calculated</i>	<b>1.7</b>		1.0 - 2.1
<b>Bilirubin Total</b>	<b>0.30</b>	mg/dL	0.2 - 1.0
<b>Bilirubin Conjugated</b>	<b>0.17</b>	mg/dL	
<b>Bilirubin Unconjugated</b> <i>Calculated</i>	<b>0.13</b>	mg/dL	0 - 0.8

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Reg Date and Time : 16-Jan-2023 10:48	Sample Type : Serum	Mobile No :
Sample Date and Time : 16-Jan-2023 10:48	Sample Coll. By :	Ref Id1 : OSP29484
Report Date and Time : 16-Jan-2023 14:33	Acc. Remarks : Normal	Ref Id2 : O22238188

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>BUN (Blood Urea Nitrogen)</b> <i>GLDH</i>	<b>7.1</b>	mg/dL	6.00 - 20.00	
<b>Creatinine</b>	<b>0.88</b>	mg/dL	0.50 - 1.50	
<b>Uric Acid</b>	<b>5.32</b>	mg/dL	3.5 - 7.2	

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Reg Date and Time : 16-Jan-2023 10:48	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 16-Jan-2023 10:48	Sample Coll. By :	Ref Id1 : OSP29484
Report Date and Time : 16-Jan-2023 13:18	Acc. Remarks : Normal	Ref Id2 : O22238188

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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### Glycated Haemoglobin Estimation

<b>HbA1C</b>	H <b>5.93</b>	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes
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<b>Estimated Avg Glucose (3 Mths)</b> <i>Calculated</i>	<b>123.49</b>	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.

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Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 16-Jan-2023 10:48	Sample Type : Serum	Mobile No :
Sample Date and Time : 16-Jan-2023 10:48	Sample Coll. By :	Ref Id1 : OSP29484
Report Date and Time : 16-Jan-2023 15:10	Acc. Remarks : Normal	Ref Id2 : O22238188

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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### Thyroid Function Test

<b>Triiodothyronine (T3)</b> <i>CMIA</i>	<b>1.30</b>	ng/mL	0.6 - 1.81	
<b>Thyroxine (T4)</b> <i>CMIA</i>	<b>6.7</b>	µg/dL	4.6 - 10.5	
<b>TSH</b> <i>CMIA</i>	<b>1.663</b>	µIU/mL	0.5 - 8.9	

### 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 decreased T4) except for pituitary & hypothalamic disease.
- Mild to modest elevations in patient with normal T3 & T4 levels indicates impaired thyroid hormone reserves & incipient hypothyroidism (subclinical hypothyroidism).
- Mild to modest decrease with normal T3 & T4 indicates subclinical hyperthyroidism.
- Degree of TSH suppression does not reflect the severity of hyperthyroidism, therefore, measurement of free thyroid hormone levels is required in patient with a suppressed TSH level.

### CAUTIONS

Sick, hospitalized patients may have falsely low or transiently elevated thyroid stimulating hormone. Some patients who have been exposed to animal antigens, either in the environment or as part of treatment or imaging procedure, may have circulating antianimal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

### TSH ref range in Pregnancy

First trimester  
Second trimester  
Third trimester

### Reference range (microIU/ml)

0.24 - 2.00  
0.43-2.2  
0.8-2.5

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MC-2391

**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.supratechlabs.com | CIN : U85195GJ2013PTC077365,2013-14

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Sample Date and Time : 16-Jan-2023 10:48	Sample Coll. By :	Ref Id1 : OSP29484
Report Date and Time : 16-Jan-2023 15:10	Acc. Remarks : Normal	Ref Id2 : O22238188

### 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)

**Dr Sandip Shah**  
M.D. (Path. & Bact.)  
Consultant Pathologist

**Dr. Sandip Shah**  
M.D. (Path. & Bact.)  
Consultant Pathologist

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**CAP**  
ACCREDITED  
COLLEGE OF AMERICAN PATHOLOGISTS

MC-2391

**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.supratechlabs.com | CIN : U85195GJ2013PTC077365,2013-14

## LABORATORY REPORT



Name : <b>RAJABHAI J DESAI</b>	Sex/Age : <b>Male / 57 Years</b>	Case ID : <b>30102200369</b>
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2505595
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 16-Jan-2023 10:48	Sample Type : Serum	Mobile No :
Sample Date and Time : 16-Jan-2023 10:48	Sample Coll. By :	Ref Id1 : OSP29484
Report Date and Time : 16-Jan-2023 15:10	Acc. Remarks : Normal	Ref Id2 : O22238188

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

**Prostate Specific Antigen** **0.277** ng/mL 0 - 4

CMIA

**INTERPRETATIONS:**

Useful for Evaluating patients with documented prostate problems in whom multiple prostate-specific antigen tests may be necessary per year.

Monitoring patients with a history of prostate cancer as an early indicator of recurrence and response to treatment.

Prostate-specific antigen (PSA) values are reported with the 95th percentile limits by decade of age. These reference limits include men with benign prostatic hyperplasia. They exclude all cases with proven cancer.

PSA values exceeding the age-specific limits are suspicious for prostate disease, but further testing, such as prostate biopsy, is needed to diagnose prostate pathology. Values >0.2 ng/mL are considered evidence of biochemical recurrence of cancer in men after prostatectomy

**CAUTIONS:**

Serum markers are not specific for malignancy, and values may vary by method.

When age is not supplied, the results cannot be flagged as high or low.

Digital rectal examination generally does not increase normal prostate-specific antigen (PSA) values. However, cystoscopy, urethral instrumentation, and prostate biopsy may increase PSA levels.

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

- If total PSA is above cut off value (between 4 to 20 ng/ml) free PSA should be advised to differentiate benign prostatic hyperplasia from prostatic malignancy.
- Free PSA levels above 20 to 25 % of total PSA are more likely to be associated with BPH.
- Prostate biopsy is required for the diagnosis of cancer. **Tumor marker results obtained can vary due to differences in assay methods and reagent specificity. Patient results determined by assays using different manufacturers for methods may not be comparable.**

**RELATIONSHIP BETWEEN PROBABILITY OF PROSTATE MALIGNANCY & FREE PSA% TO TOTAL PSA**

..... Free PSA % to total PSA	0-10%	10-15%	15-20%	20-25%	>25%.
fr Probability of malignancy	56%.	28%	20%	16%	8%

**DILUTION PROTOCOL:**

At our lab with kit, manual dilution protocol has been validated for PSA up to 1:20 dilution and result up to 2000 NG/ML. After above dilution, it will be done manually and because of Ag-Ab reaction curve it may be erroneous if diluted after validated dilution.

\* Test results, interpretation & notes are meant for Medical Personal only.

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

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

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LABORATORY REPORT



Name : <b>RAJABHAI J DESAI</b>	Sex/Age : <b>Male / 57 Years</b>	Case ID : <b>30102200369</b>
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2505595
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 16-Jan-2023 10:48	Sample Type : Serum	Mobile No :
Sample Date and Time : 16-Jan-2023 10:48	Sample Coll. By :	Ref Id1 : OSP29484
Report Date and Time : 16-Jan-2023 15:10	Acc. Remarks : Normal	Ref Id2 : O22238188

# 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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MC-2391



**PATIENT NAME:RAJABHAI J DESAI**

**GENDER/AGE:Male / 56 Years**

**DATE:16/01/23**

**DOCTOR:**

**OPDNO:OSP29484**

## 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 shows a calculus of about 7 mm. No evidence of 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 4.0 cms in size.

Left kidney measures about 10.3 x 4.2 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 96 cc.

**PROSTATE:** Prostate appears mildly enlarged in size and shows normal parenchymal echoes. No evidence of pathological calcification or solid or cystic mass lesion is seen. Prostate volume measures about 30 cc.

**COMMENT: Grade I fatty changes in liver.**

**GB calculus.**

**Mild enlarged prostate.**

Normal sonographic appearance of Pancreas, spleen, kidneys and bladder.

  
**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  
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www.aashkahospitals.in  
CIN: L85110GJ2012PLC072647



**PATIENT NAME:RAJABHAI J DESAI**

**GENDER/AGE:Male / 56 Years**

**DATE:16/01/23**

**DOCTOR:**

**OPDNO:OSP29484**

### **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: LB5110GJ2012PLC072647



**aashka**  
HOSPITAL



DR. UNNATI SHAH  
B.D.S. (DENTAL SURGEON)  
REG. NO. A-7742  
MO. NO- 9904596691

UHID: OSP-29484 Date: 16/1/22 Time: 12:10 PM  
Patient Name: Rajabhai Dasai Age/Sex: 58/M  
Height: 172 cm  
Weight: 82.3

History:

Examination:

Stain +++  
calculus +  
miss -  $\frac{⑤}{⑥}$

Diagnosis:

## SUGGESTIVE LIST OF MEDICAL TESTS

FOR MALE	FOR FEMALE
CBC	CBC
ESR	ESR
Blood Group & RH Factor	Blood Group & RH Factor
Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
Blood and Urine Sugar PP	Blood and Urine Sugar PP
Stool Routine	Stool Routine
<b>Lipid Profile</b>	<b>Lipid Profile</b>
Total Cholesterol	Total Cholesterol
HDL	HDL
LDL	LDL
VLDL	VLDL
Triglycerides	Triglycerides
HDL / LDL ratio	HDL / LDL ratio
<b>Liver Profile</b>	<b>Liver Profile</b>
AST	AST
ALT	ALT
GGT	GGT
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
ALP	ALP
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
<b>Kidney Profile</b>	<b>Kidney Profile</b>
Serum creatinine	Serum creatinine
Blood Urea Nitrogen	Blood Urea Nitrogen
Uric Acid	Uric Acid
HBA1C	HBA1C
Routine urine analysis	Routine urine analysis
USG Whole Abdomen	USG Whole Abdomen
<b>General Tests</b>	<b>General Tests</b>
X Ray Chest	X Ray Chest
ECG	ECG
2D/3D ECHO / TMT	2D/3D ECHO / TMT
Stress Test	Thyroid Profile (T3, T4, TSH)
PSA Male (above 40 years)	Mammography (above 40 years) and Pap Smear (above 30 years).
Thyroid Profile (T3, T4, TSH)	Dental Check-up consultation
Dental Check-up consultation	Physician Consultation
Physician Consultation	Eye Check-up consultation
Eye Check-up consultation	Skin/ENT consultation
Skin/ENT consultation	Gynaec Consultation

LETTER OF APPROVAL / RECOMMENDATION

To,  
The Coordinator,  
Mediwheel (Arcofemi Healthcare Limited)  
Helpline number: 011- 41195959

Dear Sir / Madam,

**Sub: Annual Health Checkup for the employees of Bank of Baroda**

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MR. DESAI RAJABHAI J
EC NO.	162163
DESIGNATION	ARMED GUARD
PLACE OF WORK	TALOD
BIRTHDATE	01-06-1966
PROPOSED DATE OF HEALTH CHECKUP	10-12-2022
BOOKING REFERENCE NO.	22D162163100032140E

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **30-11-2022** till **31-03-2023**. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager  
HRM Department  
Bank of Baroda



(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))

## HEALTH CHECK-UP PLAN

Package

A:g Ratio, Blood Group, Total Cholesterol, Triglycerides, Fasting Blood Sugar, Ultrasound Whole Abdomen , Glycosylated Haemoglobin (hba1c), Hdl, Vldl, Urine Analysis, LDL, Total Protine, General Consultation, TMT OR 2 D Echo, HDL/ LDL ratio, GGT(Gamma-glutamyl Transferase), Eye Check-up consultation, ALP (ALKALINE PHOSPHATASE), Uric Acid, AST/ALT Ratio, Serum Protein, CBC with ESR, Stool Analysis, Urine Sugar Fasting, Urine Sugar PP, T3, T4, Cholesterol Total / HDL Ratio, BUN, BUN/Creatinine Ratio, Bilirubin Total & Direct and Indirect, Albumin, Globulin

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242), Beneficiary

Chests talod, Gandhi Nagar <cc.talod@bankofbaroda.com>  
Medi Wheel CC <customercare@mediwheel.in>; Mediwheel CC <mediwheelwellness@gmail.com>

THIS MAIL IS ORIGINATED FROM OUTSIDE OF THE BANK'S DOMAIN. DO NOT  
CLICK ON LINKS OR OPEN ATTACHMENTS UNLESS YOU KNOW THE SENDER.

011-41195959  
Email:wellness@mediwheel.in

Dear MR. DESAI RAJABHAI J,

Thanks for booking Health Checkup and we have required following document for  
confirmation of booking health checkup.

1 HRM Letter

Please note following instruction for HRM letter.

- For generating permission letter for cashless health check-up in the HR Connect, the path to be followed is given below:
  - Employee Self Service-> Reimbursement-> Reimbursement application ->Add New value ->Reimbursement Type: Mandatory Health Check-up - Click Add
  - Select Financial Year 2022-23, Self or Spouse, Claim Type - Cashless and Submit
  - After submission, click print button to generate 'Permission Letter'

Booking Date : 30-11-2022

Health Check up Name : Medi-Wheel Metro Full Body Health Checkup Male Above 40

Health Check Code : PKG10000242

Name of Diagnostic/Hospital : Aashka Multispeciality Hospital Gandhi Nagar

Address of Diagnostic/Hospital- : Between Sargasan & Reliance Cross Road

Appointment Date : 05-12-2022

Preferred Time : 08:30:AM

Member Information			
Booked Member Name	Age	Gender	Cost(In INR)
MR. DESAI RAJABHAI J	54	Male	Cashless
Total amount to be paid			Cashless

We will get back to you with confirmation update shortly. Please find the package details as attached for your reference.

Package Name : Medi-Wheel Metro Full Body Health Checkup Male Above 40 Includes (38 )Tests

Tests included in this : Ecg, Eye Check Up, TSI, X-ray Chest, Blood Sugar Postprandial



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www.aashkahospitals.in  
CIN: L85110GJ2012PLC072647



DR. DIPESH FATANIYA  
M.D., IDCCM.  
CRITICAL CARE MEDICINE  
M.NO.-9909906809  
R.NO.G-41495

UHID:		Date: 16/1/23	Time:
Patient Name: RAJESH K DESAI		Height:	
Age/Sex: 57m	LMP:	Weight:	
History:			
C/C/O: Weak Chest		History:	
←		←	
Allergy History: ←		Addiction: ←	
Nutritional Screening: Well-Nourished / Malnourished / Obese			
Vitals & Examination:		Chk P	
Temperature:		LDL ↑	
Pulse:		-	
BP: (140/50)		-	
SPO2:		-	

Provisional Diagnosis: