

From : TPA <tpa@aashkahospitals.in>
Date : Feb 22, 2023 2:28 PM
To : Reception <reception@aashkahospitals.in>
C :
Subject : Fwd: Health Check up Booking Confirmed Request(bobE30326),Package Code-PKG10000242, Beneficiary Code-36211
Attachments :

-----Forwarded message-----

Date: Wed Feb 22 13:29:23 IST 2023


From: Mediwheel <wellness@mediwheel.in >

To: TPA <tpa@aashkahospitals.in >

CC: mediwheelwellness@gmail.com

Subject: Health Check up Booking Confirmed Request(bobE30326),Package Code-PKG10000242, Beneficiary Code-36211



 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 : PKG10000242

Beneficiary Name : MR. PRIYADARSHI KIRITKUMAR V

Member Age : 52

Member Gender : Male

Member Relation : Employee

Package Name : Medi-Wheel Metro Full Body Health Checkup Male 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.

We request you to facilitate the employee on priority.

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Aashka Hospitals Ltd.
Between Sargasan and Reliance Cross Roads
Sargasan, Gandhinagar - 382421, Gujarat.

Spital: 7575006000/9000
Website: www.aashkahospitals.in />

भारतीय विशिष्ट ओपनप्राप्त प्रधिकरण

भारत सरकार

Unique Identification Authority of India
Government of India

नोंधणीनी खोण / Enrollment No.: 1081/14305/00929

To
मिनिषा प्रियदर्शी

Minisha Priyadarshi

W/O: Kinkumar

Plot-515/2

Sector 3-C Gandhinagar

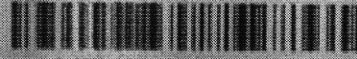
(Gandhinagar) Sector 6 Mansa Gandhinagar

Gujarat 382006

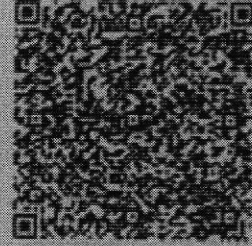
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तमारो आधार नंवर / Your Aadhaar No. :

6106 0403 3849

आधार - सामान्य माणसनी अधिकार



भारत सरकार

GOVERNMENT OF INDIA

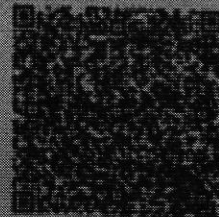
मिनिषा प्रियदर्शी

Minisha Priyadarshi

जन्मनु वर्ष / Year of Birth : 1973

स्त्री / Female

6106 0403 3849



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:KIRITKUMAR V PRIYADARSHI

GENDER/AGE:Male / 54 Years

DATE:24/02/23

DOCTOR:

OPDNO:OSP29910

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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PATIENT NAME: KIRITKUMAR V PRIYADARSHI

GENDER/AGE: Male / 54 Years

DATE: 24/02/23

DOCTOR:

OPDNO: OSP29910

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 10.0 x 4.3 cms in size.
Left kidney measures about 10.2 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 240 cc. Normal post void residual urine is seen.

PROSTATE: Prostate appears 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 57 cc.

COMMENT: Enlarged prostate.

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



DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST



LABORATORY REPORT



Name : KIRITKUMAR PRIYADARSHI	Sex/Age : Male / 55 Years	Case ID : 30202200568
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2578058
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 24-Feb-2023 09:05	Sample Type :	Mobile No :
Sample Date and Time : 24-Feb-2023 09:05	Sample Coll. By :	Ref Id1 : osp29910
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 : 022239267

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Blood Glucose Fasting & Postprandial			
Plasma Glucose - F	109.23	mg/dL	70.0 - 100
Glyco Hemoglobin			
HbA1C	5.96	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes
Lipid Profile			
Cholesterol	222.36	mg/dL	110 - 200
LDL Cholesterol	137.16	mg/dL	65 - 100

Abnormal Result(s) Summary End

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



LABORATORY REPORT



Name : KIRITKUMAR PRIYADARSHI Sex/Age : Male / 55 Years Case ID : 30202200568
 Ref.By : HOSPITAL Dis. At : Pt. ID : 2578058
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 24-Feb-2023 09:05	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 24-Feb-2023 09:05	Sample Coll. By :	Ref Id1 : osp29910
Report Date and Time : 24-Feb-2023 09:33	Acc. Remarks : Normal	Ref Id2 : 022239267

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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HAEMOGRAM REPORT

HB AND INDICES

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL
Haemoglobin (Colorimetric)	14.1	G%	13.00 - 17.00
RBC (Electrical Impedance)	5.05	millions/cumm	4.50 - 5.50
PCV(Calc)	42.47	%	40.00 - 50.00
MCV (RBC histogram)	84.1	fL	83.00 - 101.00
MCH (Calc)	27.9	pg	27.00 - 32.00
MCHC (Calc)	33.2	gm/dL	31.50 - 34.50
RDW (RBC histogram)	13.00	%	11.00 - 16.00

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	[Abs]	EXPECTED VALUES
Total WBC Count	5490	/μL	4000.00 - 10000.00		
Neutrophil	57.0	%	40.00 - 70.00	3129	/μL 2000.00 - 7000.00
Lymphocyte	32.0	%	20.00 - 40.00	1757	/μL 1000.00 - 3000.00
Eosinophil	6.0	%	1.00 - 6.00	329	/μL 20.00 - 500.00
Monocytes	4.0	%	2.00 - 10.00	220	/μL 200.00 - 1000.00
Basophil	1.0	%	0.00 - 2.00	55	/μL 0.00 - 100.00

PLATELET COUNT (Optical)

Platelet Count	255000	/μL	150000.00 - 410000.00
Neutrophil to Lymphocyte Ratio (NLR)	1.78		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 : KIRITKUMAR PRIYADARSHI Sex/Age : Male / 55 Years Case ID : 30202200568
Ref.By : HOSPITAL Dis. At : Pt. ID : 2578058
Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 24-Feb-2023 09:05	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 24-Feb-2023 09:05	Sample Coll. By :	Ref Id1 : osp29910
Report Date and Time : 24-Feb-2023 09:33	Acc. Remarks : Normal	Ref Id2 : 022239267

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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Name : KIRITKUMAR PRIYADARSHI Sex/Age : Male / 55 Years Case ID : 30202200568
 Ref.By : HOSPITAL Dis. At : Pt. ID : 2578058
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 24-Feb-2023 09:05	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 24-Feb-2023 09:05	Sample Coll. By :	Ref Id1 : osp29910
Report Date and Time : 24-Feb-2023 10:35	Acc. Remarks : Normal	Ref Id2 : 022239267

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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Name : KIRITKUMAR PRIYADARSHI Sex/Age : Male / 55 Years Case ID : 30202200568
Ref.By : HOSPITAL Dis. At : Pt. ID : 2578058
Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 24-Feb-2023 09:05	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 24-Feb-2023 09:05	Sample Coll. By :	Ref Id1 : osp29910
Report Date and Time : 24-Feb-2023 09:32	Acc. Remarks : Normal	Ref Id2 : 022239267

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	B
Rh Type	POSITIVE

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

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LABORATORY REPORT



Name : KIRITKUMAR PRIYADARSHI Sex/Age : Male / 55 Years Case ID : 30202200568
 Ref.By : HOSPITAL Dis. At : Pt. ID : 2578058
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 24-Feb-2023 09:05	Sample Type : Spot Urine	Mobile No :
Sample Date and Time : 24-Feb-2023 09:05	Sample Coll. By :	Ref Id1 : osp29910
Report Date and Time : 24-Feb-2023 10:16	Acc. Remarks : Normal	Ref Id2 : 022239267

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	5.50		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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LABORATORY REPORT



Name : KIRITKUMAR PRIYADARSHI Sex/Age : Male / 55 Years Case ID : 30202200568
 Ref.By : HOSPITAL Dis. At : Pt. ID : 2578058
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 24-Feb-2023 09:05 Sample Type : Spot Urine Mobile No :
 Sample Date and Time : 24-Feb-2023 09:05 Sample Coll. By : Ref Id1 : osp29910
 Report Date and Time : 24-Feb-2023 10:16 Acc. Remarks : Normal Ref Id2 : 022239267

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)

Manoj Shah

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

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Name : KIRITKUMAR PRIYADARSHI Sex/Age : Male / 55 Years Case ID : 30202200568
 Ref.By : HOSPITAL Dis. At : Pt. ID : 2578058
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 24-Feb-2023 09:05	Sample Type : Plasma Fluoride F, Plasma Fluoride PP	Mobile No :
Sample Date and Time : 24-Feb-2023 09:05	Sample Coll. By :	Ref Id1 : osp29910
Report Date and Time : 24-Feb-2023 15:46	Acc. Remarks : Normal	Ref Id2 : 022239267
TEST	RESULTS	UNIT
		BIOLOGICAL REF RANGE
		REMARKS

BIOCHEMICAL INVESTIGATIONS

Biochemical Investigations by Dimension EXL (Siemens)

Plasma Glucose - F	H	109.23	mg/dL	70.0 - 100
Plasma Glucose - PP		120.51	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 : KIRITKUMAR PRIYADARSHI Sex/Age : Male / 55 Years Case ID : 30202200568
 Ref.By : HOSPITAL Dis. At : Pt. ID : 2578058
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 24-Feb-2023 09:05	Sample Type : Serum	Mobile No :
Sample Date and Time : 24-Feb-2023 09:05	Sample Coll. By :	Ref Id1 : osp29910
Report Date and Time : 24-Feb-2023 10:27	Acc. Remarks : Normal	Ref Id2 : 022239267

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol	H	222.36	mg/dL	110 - 200
HDL Cholesterol		57.3	mg/dL	48 - 77
Triglyceride		139.52	mg/dL	40 - 200
VLDL <i>Calculated</i>		27.90	mg/dL	10 - 40
Chol/HDL <i>Calculated</i>		3.88		0 - 4.1
LDL Cholesterol <i>Calculated</i>	H	137.16	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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 Bill. Loc. : Aashka hospital Pt. Loc. :

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Sample Date and Time : 24-Feb-2023 09:05	Sample Coll. By :	Ref Id1 : osp29910
Report Date and Time : 24-Feb-2023 10:27	Acc. Remarks : Normal	Ref Id2 : 022239267

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Liver Function Test

S.G.P.T.	19.06	U/L	0 - 41	
S.G.O.T.	20.21	U/L	15 - 37	
Alkaline Phosphatase	84.47	U/L	40 - 130	
Gamma Glutamyl Transferase	25.18	U/L	8 - 61	
Proteins (Total)	7.18	gm/dL	6.4 - 8.2	
Albumin	4.49	gm/dL	3.4 - 5	
Globulin <i>Calculated</i>	2.69	gm/dL	2 - 4.1	
A/G Ratio <i>Calculated</i>	1.7		1.0 - 2.1	
Bilirubin Total	0.63	mg/dL	0.2 - 1.0	
Bilirubin Conjugated	0.19	mg/dL		
Bilirubin Unconjugated <i>Calculated</i>	0.44	mg/dL	0 - 0.8	

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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



LABORATORY REPORT



Name : KIRITKUMAR PRIYADARSHI Sex/Age : Male / 55 Years Case ID : 30202200568
 Ref.By : HOSPITAL Dis. At : Pt. ID : 2578058
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 24-Feb-2023 09:05	Sample Type : Serum	Mobile No :
Sample Date and Time : 24-Feb-2023 09:05	Sample Coll. By :	Ref Id1 : osp29910
Report Date and Time : 24-Feb-2023 10:27	Acc. Remarks : Normal	Ref Id2 : 022239267

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BUN (Blood Urea Nitrogen) <i>GLDH</i>	7.6	mg/dL	6.00 - 20.00	
Creatinine	0.81	mg/dL	0.50 - 1.50	
Uric Acid	6.04	mg/dL	3.5 - 7.2	

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

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Name : KIRITKUMAR PRIYADARSHI Sex/Age : Male / 55 Years Case ID : 30202200568
 Ref.By : HOSPITAL Dis. At : Pt. ID : 2578058
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 24-Feb-2023 09:05	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 24-Feb-2023 09:05	Sample Coll. By :	Ref Id1 : osp29910
Report Date and Time : 24-Feb-2023 10:17	Acc. Remarks : Normal	Ref Id2 : 022239267

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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Glycated Haemoglobin Estimation

HbA1C	H 5.96		% of total Hb <5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	124.35	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 glycemc 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 glycemc 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 : **KIRITKUMAR PRIYADARSHI** Sex/Age : **Male / 55 Years** Case ID : **30202200568**
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **2578058**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 24-Feb-2023 09:05	Sample Type : Serum	Mobile No :
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Report Date and Time : 24-Feb-2023 10:17	Acc. Remarks : Normal	Ref Id2 : 022239267

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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Thyroid Function Test

Triiodothyronine (T3)	103.14	ng/dL	40 - 181	
Thyroxine (T4) CMIA	7.0	ng/dL	4.6 - 10.5	
TSH CMIA	1.354	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

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

Dr. Shreya Shah
M.D. (Pathologist)

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LABORATORY REPORT



Name : KIRITKUMAR PRIYADARSHI Sex/Age : Male / 55 Years Case ID : 30202200568
 Ref.By : HOSPITAL Dis. At : Pt. ID : 2578058
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 24-Feb-2023 09:05	Sample Type : Serum	Mobile No :
Sample Date and Time : 24-Feb-2023 09:05	Sample Coll. By :	Ref Id1 : osp29910
Report Date and Time : 24-Feb-2023 10:17	Acc. Remarks : Normal	Ref Id2 : 022239267

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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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Prostate Specific Antigen <small>CMIA</small>	0.9220	ng/mL	0.00 - 4.00	

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)

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

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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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