

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

UHID:	Date:	Time:
Patient Name: <u>MARANDI JERESH MUNNAN</u>	Age / Sex: <u>31 / F</u>	Height:
	Weight:	
History: <u>C.I.O</u> <u>Ru phu up.</u>		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese <input checked="" type="radio"/> Well-Nourished		
Examination: <u>D.V. ← G19</u> <u>Mh ← G19</u> <u>M.U. ← D. ← G10</u> <u>          ← G16</u> <u>patu utan nudi</u>		
Diagnosis:		



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

UHID:		Date: 26/09/2023 Time: 3 PM	
Patient Name: MARDANI TERESA MUMTHA		Height:	
Age / Sex: 31yr / F	LMP:	Weight:	
History:			
C/O:		History:	
No fresh or. Recent complaints.		NAD	
Allergy History: NAD		Addiction: NAD	
Nutritional Screening: Well-Nourished / Malnourished / Obese			
Vitals & Examination:			
Temperature: NORMAL			
Pulse: 106/min			
BP: 130/82 mm Hg			
SPO2: 99% on RA			
Provisional Diagnosis:			





LABORATORY REPORT



Name : MARANDI TERESA MUNMUN	Sex/Age : Female/ 32 Years	Case ID : 30802201160
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2929281
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 26-Aug-2023 08:51	Sample Type :	Mobile No :
Sample Date and Time : 26-Aug-2023 08:51	Sample Coll. By :	Ref Id1 : 00823412
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 : 023244340

### Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
<b>Glyco Hemoglobin</b>			
HbA1C	5.95	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes
<b>Haemogram (CBC)</b>			
RBC (Electrical Impedance)	4.89	millions/cu mm	3.80 - 4.80
MCV (RBC histogram)	75.6	fL	83.00 - 101.00
MCH (Calc)	24.8	pg	27.00 - 32.00
<b>Lipid Profile</b>			
HDL Cholesterol	43.8	mg/dL	48 - 77
Triglyceride	178.85	mg/dL	<150
Chol/HDL	4.29		0 - 4.1
LDL Cholesterol	108.24	mg/dL	65 - 100

Abnormal Result(s) Summary End

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

Printed On : 26-Aug-2023 12:24



## LABORATORY REPORT



Name : **MARANDI TERESA MUNMUN** Sex/Age : **Female/ 32 Years** Case ID : **30802201160**  
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **2929281**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **26-Aug-2023 08:51** Sample Type : **Whole Blood EDTA** Mobile No :  
 Sample Date and Time : **26-Aug-2023 08:51** Sample Coll. By : Ref Id1 : **O0823412**  
 Report Date and Time : **26-Aug-2023 09:07** Acc. Remarks : **Normal** Ref Id2 : **O23244340**

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

### HAEMOGRAM REPORT

#### HB AND INDICES

Haemoglobin	12.1	G%	12.0 - 15.0
RBC (Electrical Impedance)	H 4.89	millions/cumm	3.80 - 4.80
PCV(Calc)	36.97	%	36.00 - 46.00
MCV (RBC histogram)	L 75.6	fL	83.00 - 101.00
MCH (Calc)	L 24.8	pg	27.00 - 32.00
MCHC (Calc)	32.7	gm/dL	31.50 - 34.50
RDW (RBC histogram)	14.50	%	11.00 - 16.00

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

Total WBC Count	7810	/μL	4000.00 - 10000.00
Neutrophil	[%] 63.0	%	EXPECTED VALUES [Abs] 4920 /μL 2000.00 - 7000.00
Lymphocyte	30.0	%	20.00 - 40.00 2343 /μL 1000.00 - 3000.00
Eosinophil	2.0	%	1.00 - 6.00 156 /μL 20.00 - 500.00
Monocytes	4.0	%	2.00 - 10.00 312 /μL 200.00 - 1000.00
Basophil	1.0	%	0.00 - 2.00 78 /μL 0.00 - 100.00

#### PLATELET COUNT (Optical)

Platelet Count	380000	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	2.10		0.78 - 3.53

#### SMEAR STUDY

RBC Morphology : Microcytic hypochromic 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.)

Printed On : 26-Aug-2023 12:24

Page 2 of 13





## LABORATORY REPORT



Name : **MARANDI TERESA MUNMUN** Sex/Age : **Female/ 32 Years** Case ID : **30802201160**  
Ref.By : **HOSPITAL** Dis. At : Pt. ID : **2929281**  
Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **26-Aug-2023 08:51** Sample Type : **Whole Blood EDTA** Mobile No :  
Sample Date and Time : **26-Aug-2023 08:51** Sample Coll. By : Ref Id1 : **00823412**  
Report Date and Time : **26-Aug-2023 10:45** Acc. Remarks : **Normal** Ref Id2 : **023244340**

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>ESR</b> <i>Westergren Method</i>	<b>18</b>	<b>mm after 1hr</b>	<b>3 - 20</b>	

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

*M. Shah*

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

**Dr. Shreya Shah**  
M.D. (Pathologist)

Printed On : 26-Aug-2023 12:24



## LABORATORY REPORT



Name : MARANDI TERESA MUNMUN      Sex/Age : Female/ 32 Years      Case ID : 30802201160  
Ref.By : HOSPITAL      Dis. At :      Pt. ID : 2929281  
Bill. Loc. : Aashka hospital      Pt. Loc. :

Reg Date and Time : 26-Aug-2023 08:51	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 26-Aug-2023 08:51	Sample Coll. By :	Ref Id1 : O0823412
Report Date and Time : 26-Aug-2023 09:19	Acc. Remarks : Normal	Ref Id2 : O23244340

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)

**Dr. Shreya Shah**  
M.D. (Pathologist)

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

Printed On : 26-Aug-2023 12:24





## LABORATORY REPORT



Name : **MARANDI TERESA MUNMUN** Sex/Age : **Female/ 32 Years** Case ID : **30802201160**  
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **2929281**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 26-Aug-2023 08:51	Sample Type : Spot Urine	Mobile No :
Sample Date and Time : 26-Aug-2023 08:51	Sample Coll. By :	Ref Id1 : 00823412
Report Date and Time : 26-Aug-2023 09:17	Acc. Remarks : Normal	Ref Id2 : 023244340

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

Physical examination

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

Chemical Examination By Sysmex UC-3500

<b>Sp.Gravity</b>	<b>1.025</b>		1.003 - 1.035
<b>pH</b>	<b>6.0</b>		4.6 - 8
<b>Leucocytes (ESTERASE)</b>	<b>Negative</b>		Negative
<b>Protein</b>	<b>Negative</b>		Negative
<b>Glucose</b>	<b>Negative</b>		Negative
<b>Ketone Bodies Urine</b>	<b>Negative</b>		Negative
<b>Urobilinogen</b>	<b>Negative</b>		Negative
<b>Bilirubin</b>	<b>Negative</b>		Negative
<b>Blood</b>	<b>Negative</b>		Negative
<b>Nitrite</b>	<b>Negative</b>		Negative

Flowcytometric Examination By Sysmex UF-5000

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

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

**Dr. Shreya Shah**  
 M.D. (Pathologist)

Printed On : 26-Aug-2023 12:24



## LABORATORY REPORT



Name : **MARANDI TERESA MUNMUN** Sex/Age : **Female/ 32 Years** Case ID : **30802201160**  
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **2929281**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **26-Aug-2023 08:51** Sample Type : **Spot Urine** Mobile No :  
 Sample Date and Time : **26-Aug-2023 08:51** Sample Coll. By : Ref Id1 : **O0823412**  
 Report Date and Time : **26-Aug-2023 09:17** Acc. Remarks : **Normal** Ref Id2 : **O23244340**

Parameter	Unit	Expected value	Result/Notations				
			Trace	+	++	+++	++++
pH	-	4.6-8.0					
SG	-	1.003-1.035					
Protein	mg/dL	Negative (<10)	10	25	75	150	500
Glucose	mg/dL	Negative (<30)	30	50	100	300	1000
Bilirubin	mg/dL	Negative (0.2)	0.2	1	3	6	-
Ketone	mg/dL	Negative (<5)	5	15	50	150	-
Urobilinogen	mg/dL	Negative (<1)	1	4	8	12	-

Parameter	Unit	Expected value	Result/Notations				
			Trace	+	++	+++	++++
Leukocytes (Strip)	/micro L	Negative (<10)	10	25	100	500	-
Nitrite(Strip)	-	Negative	-	-	-	-	-
Erythrocytes(Strip)	/micro L	Negative (<5)	10	25	50	150	250
Pus cells (Microscopic)	/hpf	<5	-	-	-	-	-
Red blood cells(Microscopic)	/hpf	<2	-	-	-	-	-
Cast (Microscopic)	/lpf	<2	-	-	-	-	-

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

**Dr. Shreya Shah**  
M.D. (Pathologist)

Printed On : 26-Aug-2023 12:24



## LABORATORY REPORT



Name : **MARANDI TERESA MUNMUN** Sex/Age : **Female/ 32 Years** Case ID : **30802201160**  
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **2929281**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 26-Aug-2023 08:51	Sample Type : Plasma Fluoride F, Plasma Fluoride PP	Mobile No :
Sample Date and Time : 26-Aug-2023 08:51	Sample Coll. By :	Ref Id1 : O0823412
Report Date and Time : 26-Aug-2023 12:14	Acc. Remarks : Normal	Ref Id2 : O23244340
TEST	RESULTS UNIT BIOLOGICAL REF RANGE	REMARKS

### BIOCHEMICAL INVESTIGATIONS

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

<b>Plasma Glucose - F</b> <i>Photometric,Hexokinase</i>	<b>98.0</b>	mg/dL	70 - 100
<b>Plasma Glucose - PP</b> <i>Photometric,Hexokinase</i>	<b>101.86</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

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

*Shah*

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

**Dr. Shreya Shah**  
M.D. (Pathologist)

Printed On : 26-Aug-2023 12:24



## LABORATORY REPORT



Name : **MARANDI TERESA MUNMUN** Sex/Age : **Female/ 32 Years** Case ID : **30802201160**  
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **2929281**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **26-Aug-2023 08:51** Sample Type : **Serum** Mobile No :  
 Sample Date and Time : **26-Aug-2023 08:51** Sample Coll. By : Ref Id1 : **O0823412**  
 Report Date and Time : **26-Aug-2023 09:52** Acc. Remarks : **Normal** Ref Id2 : **O23244340**

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

### BIOCHEMICAL INVESTIGATIONS

#### Lipid Profile

<b>Cholesterol</b> <i>Colorimetric, CHOD-POD</i>	<b>187.81</b>	<b>mg/dL</b>	<b>110 - 200</b>	
<b>HDL Cholesterol</b>	<b>L 43.8</b>	<b>mg/dL</b>	<b>48 - 77</b>	
<b>Triglyceride</b> <i>Glycerol Phosphate Oxidase</i>	<b>H 178.85</b>	<b>mg/dL</b>	<b>&lt;150</b>	
<b>VLDL</b> <i>Calculated</i>	<b>35.77</b>	<b>mg/dL</b>	<b>10 - 40</b>	
<b>Chol/HDL</b> <i>Calculated</i>	<b>H 4.29</b>		<b>0 - 4.1</b>	
<b>LDL Cholesterol</b> <i>Calculated</i>	<b>H 108.24</b>	<b>mg/dL</b>	<b>65 - 100</b>	

#### 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)

*Shah*

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

**Dr. Shreya Shah**  
M.D. (Pathologist)

Printed On : 26-Aug-2023 12:24



## LABORATORY REPORT



Name : **MARANDI TERESA MUNMUN** Sex/Age : **Female/ 32 Years** Case ID : **30802201160**  
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **2929281**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 26-Aug-2023 08:51	Sample Type : Serum	Mobile No :
Sample Date and Time : 26-Aug-2023 08:51	Sample Coll. By :	Ref Id1 : O0823412
Report Date and Time : 26-Aug-2023 09:55	Acc. Remarks : Normal	Ref Id2 : O23244340

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

### BIOCHEMICAL INVESTIGATIONS

#### Liver Function Test

<b>S.G.P.T.</b> <i>UV with P5P</i>	<b>14.0</b>	U/L	14 - 59
<b>S.G.O.T.</b> <i>UV with P5P</i>	<b>19.42</b>	U/L	15 - 37
<b>Alkaline Phosphatase</b> <i>Enzymatic, PNPP-AMP</i>	<b>110.42</b>	U/L	46 - 116
<b>Gamma Glutamyl Transferase</b> <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate</i>	<b>14.38</b>	U/L	0 - 38
<b>Proteins (Total)</b> <i>Colorimetric, Biuret</i>	<b>7.81</b>	gm/dL	6.40 - 8.30
<b>Albumin</b> <i>Bromocresol purple</i>	<b>4.85</b>	gm/dL	3.4 - 5
<b>Globulin</b> <i>Calculated</i>	<b>2.96</b>	gm/dL	2 - 4.1
<b>A/G Ratio</b> <i>Calculated</i>	<b>1.6</b>		1.0 - 2.1
<b>Bilirubin Total</b> <i>Photometry</i>	<b>0.43</b>	mg/dL	0.3 - 1.2
<b>Bilirubin Conjugated</b> <i>Diazotization reaction</i>	<b>0.17</b>	mg/dL	0 - 0.50
<b>Bilirubin Unconjugated</b> <i>Calculated</i>	<b>0.26</b>	mg/dL	0 - 0.8

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

*Shah*

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

**Dr. Shreya Shah**  
M.D. (Pathologist)

Printed On : 26-Aug-2023 12:24

Page 9 of 13

 **CAP**  
ACCREDITED  
COLLEGE of AMERICAN PATHOLOGISTS

**Neuberg Supratech Reference Laboratories Private Limited**

“KEDAR” Opposite Krupa Petrol Pump, Near Parimal Garden, Ahmedabad - 380006

079-40408181 / 61618181 contact@supratechlabs.com www.neubergsupratech.com



## LABORATORY REPORT



Name : <b>MARANDI TERESA MUNMUN</b>	Sex/Age : <b>Female/ 32 Years</b>	Case ID : <b>30802201160</b>
Ref.By : <b>HOSPITAL</b>	Dis. At :	Pt. ID : <b>2929281</b>
Bill. Loc. : <b>Aashka hospital</b>		Pt. Loc :
Reg Date and Time : <b>26-Aug-2023 08:51</b>	Sample Type : <b>Serum</b>	Mobile No :
Sample Date and Time : <b>26-Aug-2023 08:51</b>	Sample Coll. By :	Ref Id1 : <b>00823412</b>
Report Date and Time : <b>26-Aug-2023 09:52</b>	Acc. Remarks : <b>Normal</b>	Ref Id2 : <b>023244340</b>

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>BUN (Blood Urea Nitrogen)</b> <i>GLDH</i>	<b>9.5</b>	mg/dL	7.00 - 18.70	
<b>Creatinine</b>	<b>0.77</b>	mg/dL	0.50 - 1.50	
<b>Uric Acid</b> <i>Uricase</i>	<b>5.69</b>	mg/dL	2.6 - 6.2	

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

*Shah*

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

**Dr. Shreya Shah**  
M.D. (Pathologist)

Printed On : 26-Aug-2023 12:24





## LABORATORY REPORT



Name : MARANDI TERESA MUNMUN	Sex/Age : Female/ 32 Years	Case ID : 30802201160
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2929281
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 26-Aug-2023 08:51	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 26-Aug-2023 08:51	Sample Coll. By :	Ref Id1 : 00823412
Report Date and Time : 26-Aug-2023 09:31	Acc. Remarks : Normal	Ref Id2 : 023244340

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

### Glycated Haemoglobin Estimation

HbA1C	H 5.95		% of total Hb <5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	124.07	mg/dL	Not available	

Please Note change in reference range as per ADA 2021 guidelines.

**Interpretation :**

HbA1C level reflects the mean glucose concentration over previous 8-12 weeks and provides better indication of long term 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)

*M. Shah*

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

**Dr. Shreya Shah**  
M.D. (Pathologist)

Printed On : 26-Aug-2023 12:24



## LABORATORY REPORT



Name : **MARANDI TERESA MUNMUN** Sex/Age : **Female/ 32 Years** Case ID : **30802201160**  
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **2929281**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : <b>26-Aug-2023 08:51</b>	Sample Type : <b>Serum</b>	Mobile No :
Sample Date and Time : <b>26-Aug-2023 08:51</b>	Sample Coll. By :	Ref Id1 : <b>O0823412</b>
Report Date and Time : <b>26-Aug-2023 09:55</b>	Acc. Remarks : <b>Normal</b>	Ref Id2 : <b>O23244340</b>

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>Thyroid Function Test</b>				
<b>Triiodothyronine (T3)</b>	<b>105.68</b>	ng/dL	70 - 204	
<b>Thyroxine (T4)</b> <small>CMIA</small>	<b>8.3</b>	ng/dL	4.87 - 11.72	
<b>TSH</b> <small>CMIA</small>	<b>2.415</b>	µIU/mL	0.4 - 4.2	

### INTERPRETATIONS

- Circulating TSH measurement has been used for screening for euthyroidism, screening and diagnosis for hyperthyroidism & hypothyroidism. Suppressed TSH (<0.01 µIU/mL) suggests a diagnosis of hyperthyroidism and elevated concentration (>7 µIU/mL) suggest hypothyroidism. TSH levels may be affected by acute illness and several medications including dopamine and glucocorticoids. Decreased (low or undetectable) in Graves disease. Increased in TSH secreting pituitary adenoma (secondary hyperthyroidism), PRTN and in hypothalamic disease thyrotropin (tertiary hyperthyroidism). Elevated in hypothyroidism (along with 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

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

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

**Dr. Shreya Shah**  
 M.D. (Pathologist)

Printed On : 26-Aug-2023 12:24





## LABORATORY REPORT



Name : <b>MARANDI TERESA MUNMUN</b>	Sex/Age : <b>Female/ 32 Years</b>	Case ID : <b>30802201160</b>
Ref.By : <b>HOSPITAL</b>	Dis. At :	Pt. ID : <b>2929281</b>
Bill. Loc. : <b>Aashka hospital</b>		Pt. Loc :
Reg Date and Time : <b>26-Aug-2023 08:51</b>	Sample Type : <b>Serum</b>	Mobile No :
Sample Date and Time : <b>26-Aug-2023 08:51</b>	Sample Coll. By :	Ref Id1 : <b>O0823412</b>
Report Date and Time : <b>26-Aug-2023 09:55</b>	Acc. Remarks : <b>Normal</b>	Ref Id2 : <b>O23244340</b>

**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/↑	↓

----- 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)

*Shah*

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

**Dr. Shreya Shah**  
M.D. (Pathologist)

Printed On : 26-Aug-2023 12:24

PATIENT NAME: MS. MARANDI TERESA MUNMUN

GENDER/AGE: Female / 31 Years


DATE: 26/08/23

DOCTOR: DR. HASIT JOSHI

OPDNO: O0823412

**2D-ECHO**

MITRAL VALVE	: MILD MVP	
AORTIC VALVE	: NORMAL	
TRICUSPID VALVE	: NORMAL	
PULMONARY VALVE	: NORMAL	
AORTA	: 31mm	
LEFT ATRIUM	: 32mm	
LV Dd / Ds	: 40/26mm	EF 60%
IVS / LVPW / D	: 10/9mm	
IVS	: INTACT	
IAS	: FLOPPY	
RA	: NORMAL	
RV	: NORMAL	
PA	: NORMAL	
PERICARDIUM	: NORMAL	
VEL	: PEAK	MEAN
M/S	: Gradient mm Hg	Gradient mm Hg
MITRAL	: 1/0.8m/s	
AORTIC	: 1.2m/s	
PULMONARY	: 0.8m/s	
COLOUR DOPPLER	: TRIVIAL MR/TR	
RVSP	: 28mmHg	
CONCLUSION	: NORMAL LV SIZE / SYSTOLIC FUNCTION.	

  
CARDIOLOGIST  
DR. HASIT JOSHI (9825012235)

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



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: U85110GJ2012PLC072647



6/08/23

26/8/23

Teresa  
unmarried

Adv

ngs.  
nph adenopathy, soft

Wosie.  
leisty.

- sos Flec.  
- will again  
creepin

mal.  
al.

PT does not want

to do pap test

D& 72 Septi  
Paadet

**PATIENT NAME: MS. MARANDI TERESA MUNMUN**

**GENDER/AGE: Female / 31 Years**

**DATE: 26/08/23**

**DOCTOR:**

**OPDNO: O0823412**

## 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 10.2 x 4.5 cms in size.

Left kidney measures about 10.0 x 4.6 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 160 cc.

**UTERUS:** Uterus is anteverted and appears normal in size, shape and position. Endometrial and myometrial echoes appear normal. Endometrial thickness measures about 4.6 mm. No evidence of uterine mass lesion is seen.

Bilateral adnexa appears normal.

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

  
**DR. SNEHAL PRAJAPATI**  
CONSULTANT RADIOLOGIST



26.08.2023 10:23:08  
AASHIKA HOSPITAL LTD  
GANDHINAGAR

74 bpm  
-- / -- mmHg

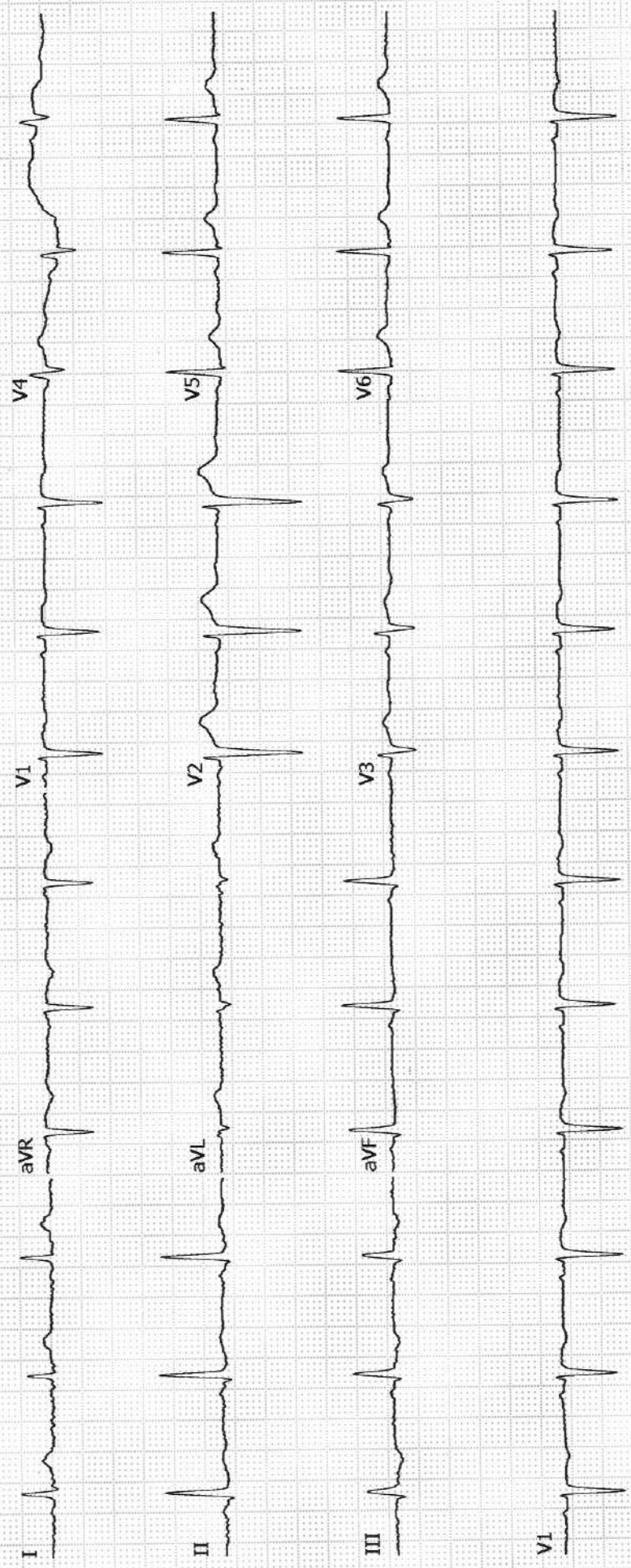
Location:  
Order Number:  
Indication:  
Medication 1:  
Medication 2:  
Medication 3:

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 84 ms  
QT / QTcBaz : 360 / 399 ms  
PR : 128 ms  
P : 92 ms  
RR / PP : 808 / 810 ms  
P / QRS / T : 59 / 53 / 10 degrees

Normal sinus rhythm  
Normal ECG

*Teresa*



**Fwd: Health Check up Booking Confirmed Request(bobE44725),Package Code-PKG10000241, Beneficiary Code-59873**

Teresa Marandi <teresamarandi@gmail.com>

Wed 23-08-2023 10:43

To: Teresa Munmun Marandi <TERESA.MARANDI@bankofbaroda.com>

ग्रा है. अगर आप प्रेषक को नहीं जानते तो मेल में दी गयी लिंक पर क्लिक ना करें या अटैचमेंट ना खोलें.  
FROM OUTSIDE OF THE BANK'S DOMAIN. DO NOT CLICK ON LINKS OR OPEN ATTACHMENTS UNLESS YOU KNOW THE SENDER

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

From: **Mediwheel** <[wellness@mediwheel.in](mailto:wellness@mediwheel.in)>

Date: Mon, Aug 21, 2023, 15:25

Subject: Health Check up Booking Confirmed Request(bobE44725),Package Code-PKG10000241, Beneficiary Code-59873

To: <[teresamarandi@gmail.com](mailto:teresamarandi@gmail.com)>

Cc: <[customercare@mediwheel.in](mailto:customercare@mediwheel.in)>

011-41195959

[Email:wellness@mediwheel.in](mailto:wellness@mediwheel.in)

Dear **MS. MARANDI TERESA MUNMUN,**

Please find the confirmation for following request.

**Booking Date** : 21-08-2023

**Package Name** : Medi-Wheel Metro Full Body Health Checkup Female 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** : 26-08-2023

**Confirmation Status** : Confirmed

**Preferred Time** : 8:00am-8:30am

**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.



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	MS. MARANDI TERESA MUNMUN
EC NO.	107491
DESIGNATION	CPC-EXPRESS
PLACE OF WORK	GANDHINAGAR,GIFT CITY,NATIONAL
BIRTHDATE	02-11-1991
PROPOSED DATE OF HEALTH CHECKUP	26-08-2023
BOOKING REFERENCE NO.	23S107491100067016E

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 **21-08-2023** till **31-03-2024** 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))

*Teresa Marandi*



प्रति,

समन्वयक,  
Mediwheel (Arcofemi Healthcare Limited)  
हेल्पलाइन नंबर: 011-41195959

महोदय/ महोदया,

विषय: बैंक ऑफ़ बड़ौदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी जिनका विवरण निम्नानुसार है हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

	कर्मचारी विवरण
नाम	MS. MARANDI TERESA MUNMUN
क.कू.संख्या	107491
पदनाम	CPC-EXPRESS
कार्य का स्थान	GANDHINAGAR,GIFT CITY,NATIONAL
जन्म की तारीख	02-11-1991
स्वास्थ्य जांच की प्रस्तावित तारीख	26-08-2023
बुकिंग संदर्भ सं.	23S107491100067016E

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ौदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक 21-08-2023 से 31-03-2024 तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनवॉइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

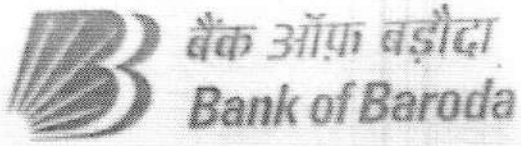
हस्ता/-

(मुख्य महाप्रबंधक)

मानव संसाधन प्रबंधन विभाग

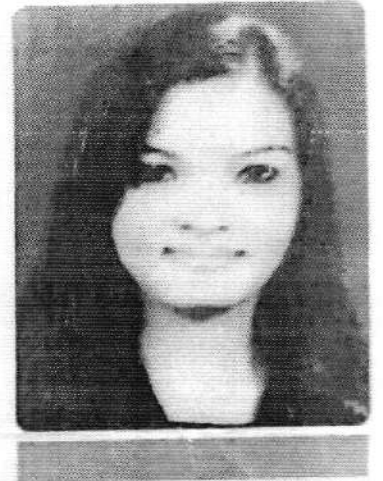
बैंक ऑफ़ बड़ौदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए Mediwheel (Arcofemi Healthcare Limited) से संपर्क करें।)



नाम: **TERESA MUNMUN MARANDI**  
Name:

कर्मचारी कूट क्र.  
E. C. No. **107491**



*[Handwritten signature]*

जारीकर्ता प्राधिकारी, मु. प्र. (सु.) अका. न.दि.  
Issuing Authority CM (S), ZO, ND.



*Teresa Marandi*

धारक के हस्ताक्षर  
Signature of Holder

*Teresa Marandi*

मिलने पर निम्नलिखित को लौटाएं  
सहायक महाप्रबंधक (सुरक्षा)  
बैंक ऑफ बड़ोदा कॉर्पोरेट सेंटर  
सी-26, जी ब्लॉक, बान्द्रा कुर्ला कॉम्प्लेक्स  
मुंबई 400 051, भारत  
फोन : 91 22 6698 51 96 फैक्स : 91 22 2652 5747

If found, please return to:  
Asst. General Manager (Security)  
Bank of Baroda, Baroda Corporate Center  
C-26, G-Block, Bandra-Kurla Complex  
Mumbai 400 051, India  
Phone : 91 22 6698 5196, Fax :91 22 2652 5747

रक्त समूह / Blood Group : **B+**  
पहचान चिह्न mole on forehead  
Identification Marks :

*Teresam Gandhi*