

Fw: Health Check up Booking Confirmed Request(bobS37235),Package Code-
PKG10000243, Beneficiary Code-2847

Wellness : Mediwheel : New Delhi <wellness@mediwheel.in>

Mon 4/10/2023 5:10 AM

To: Xalxo Amulya Ratan David <AMULYARATAN.XALXO@bankofbaroda.com>

****सावधान:** यह मेल बैंक डोमेन के बाहर से आया है. अगर आप प्रेषक को नहीं जानते तो मेल में दी गयी लिंक पर क्लिक ना करें या अटैचमेंट ना खोलें.
****CAUTION:** THIS MAIL IS ORIGINATED FROM OUTSIDE OF THE BANK'S DOMAIN. DO NOT CLICK ON LINKS OR OPEN ATTACHMENTS UNLESS YOU KNOW THE SENDER.

Thanks & Regards

Lav Gupta

Arcofemi Health Care Ltd. | F-701 A, Lado Sarai, Mehrauli | New Delhi – 110 030
M. 8800465156 Email : wellness@mediwheel.in; | Web: www.mediwheel.in

From: Wellness : Mediwheel : New Delhi

Sent: Saturday, April 8, 2023 1:13 PM

To: amulya.ratan@yahoo.co.in <amulya.ratan@yahoo.co.in>

Cc: Customer Care :Mediwheel : New Delhi <customer@mediwheel.in>

Subject: Health Check up Booking Confirmed Request(bobS37235),Package Code-PKG10000243, Beneficiary Code-2847

011-41195959

Email:wellness@mediwheel.in

Dear **NEELAM XALXO (TOPPO)**,

Please find the confirmation for following request.

Booking Date : 31-03-2023
Package Name : Medi-Wheel Metro Full Body Health Checkup Female Above 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 : 11-04-2023

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.



बैंक ऑफ़ बड़ोदा
Bank of Baroda

नाम

अमूल्य रत्न डेविड खलखो
AMULYA RATAN DAVID XALXO

Name

कर्मचारी कूट क्र.

E.C. No. 54501

जालंधरी प्राधिकारी

Jalandhar Authority


उपस्थिति

Signature of Notary

DR. PRAKASH D MAKWANA

M.D.

REG.NO.G-29078

UHID:	Date: 11/04/2023	Time: 4:17 PM
Patient Name: NEELAM	Height:	
Age / Sex: 57YR / F LMP:	Weight:	
History:		
C/C/O: ⇒ ROUTINE HEALTH CHECK UP	History: ⇒ K/C/O ⇒ DM II HYPOTHYROIDISM } ON DISLIPIDEMIA } Rx.	
Allergy History: NICDA	Addiction: 	
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Vitals & Examination:		
Temperature: (N)		
Pulse: 99 / MINUTE		
BP: 112/68 MM HG		
SPO2: 99%		
Provisional Diagnosis:		

Advice:

Rx

No	Dosage Form	Name of drug (IN BLOCK LETTERS ONLY)	Dose	Route	Frequency	Duration
		All (Rx) NOTED. PT IS PHYSICALLY FIT				

Insulin Scale	RBS-	hourly	Diet Advice:
< 150 -	300-350 -		Follow-up:
150-200 -	350-400 -		P.D. Makwana
200-250 -	400-450 -	Sign:	
250-300 -	> 450 -		

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

UHID:	Date: 11/4/23	Time:
Patient Name: Neelan Chaloo	Age/Sex: 57/F	Height:
		Weight:
History:		
Examination: calculus Gen. atrophy		
Diagnosis:		

Treatment:

↳ Sealy
→ night guards

ben



Name: Neelam XALXD Age: 57yrs

Complaints:

Routine

No of deliveries: 2

Last Delivery:

BoT.C.S. L.c. 23yrs.

History of abortion:

H/O medical conditions associated:

Last abortions:

DM

HTN

Thyroid

<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>

1yr

11yrs ago

MH:

LMP:

P/A:

P/S:

P/V:

Mesopram at 44 yrs age
Reg: (13 yrs ago).

Midline Vertical Scar +

cs healthy with rocele +

ul ? M P, NS, M, F

Mild cystitis
No rectale

Breast

Sample:-

Vagina
Cervix

<input type="checkbox"/>
<input checked="" type="checkbox"/>

vulva

Abundant
kegels
exercises.

Doctors Sign:-

[Signature]

11/4/23. 10.45 am

11.04.2023 10:43:32 AM
AASHKA HOSPITAL LTD.
SARGASAN
GANDHINAGAR

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

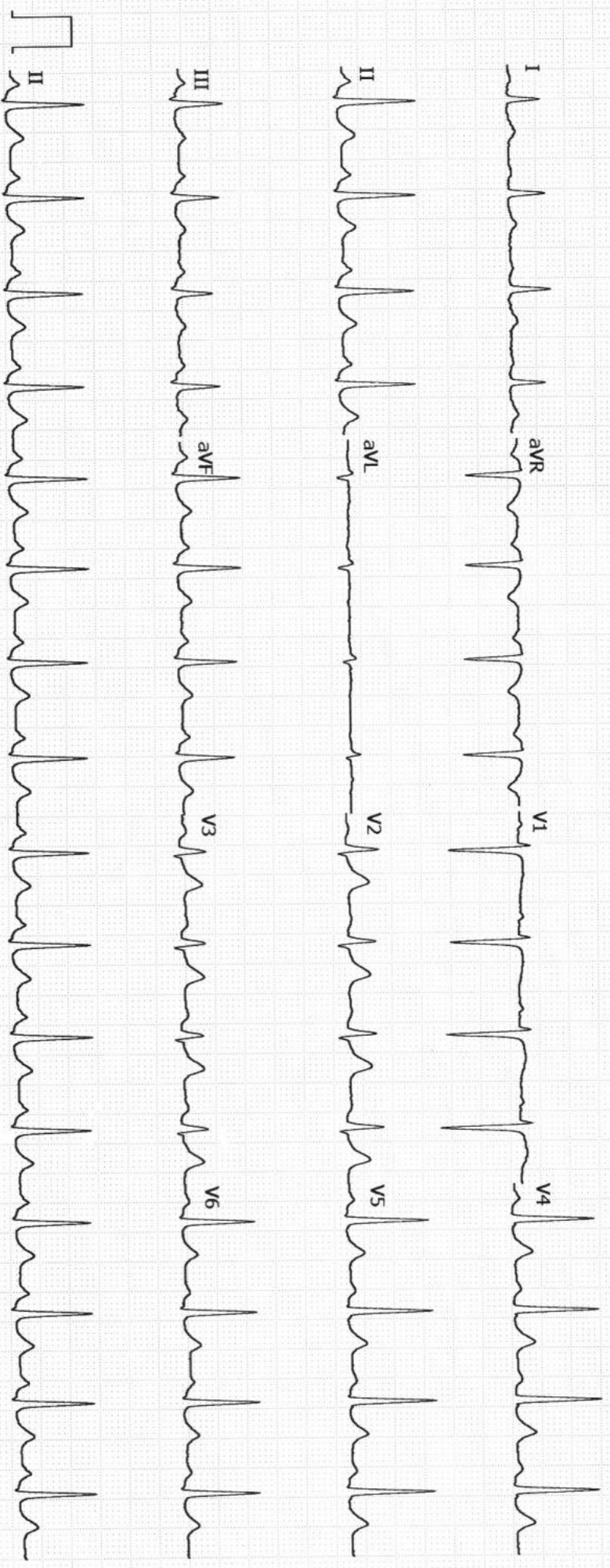
Room:

96 bpm
-- / -- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 80 ms
QT / QTcBaz : 340 / 429 ms
PR : 154 ms
P : 106 ms
RR / PP : 622 / 625 ms
P / QRS / T : 75 / 63 / 69 degrees

Normal sinus rhythm
Normal ECG



GE MAC2000 1.1 12SL™ V241

25 mm/s 10 mm/mV

ADS 0.56-20 Hz 50 Hz

Unconfirmed
4x2.5x3_25_R1 1/1

PATIENT NAME: NEELAM XALXO
GENDER/AGE: Female / 57 Years
DOCTOR: DR. HASIT JOSHI
OPDNO: O0423097

DATE: 11/04/23

2D-ECHO

MITRAL VALVE	: NORMAL	
AORTIC VALVE	: NORMAL	
TRICUSPID VALVE	: NORMAL	
PULMONARY VALVE	: NORMAL	
AORTA	: 34mm	
LEFT ATRIUM	: 32mm	
LV Dd / Ds	: 37/25mm	EF 60%
IVS / LVPW / D	: 10/10mm	
IVS	: INTACT	
IAS	: FLOPPY	
RA	: NORMAL	
RV	: NORMAL	
PA	: NORMAL	
PERICARDIUM	: NORMAL	
VEL	: PEAK	MEAN
M/S	: Gradient mm Hg	Gradient mm Hg
MITRAL	: 1/0.7m/s	
AORTIC	: 1.3m/s	
PULMONARY	: 1.0m/s	
COLOUR DOPPLER	: TRIVIAL MR/ MILD TR	
RVSP	: 32mmHg	
CONCLUSION	: <u>NORMAL LV SIZE/ SYSTOLIC FUNCTION.</u>	

CARDIOLOGIST
DR. HASIT JOSHI (9825012235)

PATIENT NAME: NEELAM XALXO

GENDER/AGE: Female / 57 Years

DATE: 11/04/23

DOCTOR:

OPDNO: O0423097

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 10.1 x 4.1 cms in size.

Left kidney measures about 10.3 x 4.0 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 4.9 mm. No evidence of uterine mass lesion is seen.

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


DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST

PATIENT NAME: NEELAM XALXO

GENDER/AGE: Female / 57 Years

DATE: 11/04/23

DOCTOR:

OPDNO: O0423097

BILATERAL MAMMOGRAM

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

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

Soft opacity seen in left axilla is due to enlarged axillary node.

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

BIRADS Categories:

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

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

Screening mammogram:

Women with no symptoms

AGE: 35-39: Baseline study.

AGE: 40-49: Every 1-2 years

AGE: 50 and above: Every year


DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST

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:NEELAM XALXO

GENDER/AGE:Female / 57 Years

DATE:11/04/23

DOCTOR:

OPDNO:00423097

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 : NEELAM XALXO	Sex/Age : Female/ 57 Years	Case ID : 30402200224
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2671166
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 11-Apr-2023 08:49	Sample Type :	Mobile No :
Sample Date and Time : 11-Apr-2023 08:49	Sample Coll. By :	Ref Id1 : O0423097
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 : O2324341

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Blood Glucose Fasting & Postprandial			
Plasma Glucose - F	149.37	mg/dL	70 - 100
Plasma Glucose - PP	208.28	mg/dL	70.0 - 140.0
Glyco Hemoglobin			
HbA1C	6.72	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes
Haemogram (CBC)			
Haemoglobin	10.7	G%	12.00 - 15.00
PCV(Calc)	33.62	%	36.00 - 46.00
MCV (RBC histogram)	72.3	fL	83.00 - 101.00
MCH (Calc)	23.0	pg	27.00 - 32.00
Lymphocyte	47.0	%	20.00 - 40.00
Monocyte	184	/μL	200.00 - 1000.00
Platelet Count	110000	/μL	150000.00 - 410000.00
Lipid Profile			
LDL Cholesterol	54.29	mg/dL	65 - 100
Liver Function Test			
S.G.O.T.	13.31	U/L	15 - 37
Alkaline Phosphatase	147.04	U/L	46 - 116
Bilirubin Conjugated	0.21	mg/dL	0 - 0.20

Abnormal Result(s) Summary End

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

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LABORATORY REPORT



Name : **NEELAM XALXO** Sex/Age : **Female/ 57 Years** Case ID : **30402200224**
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **2671166**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **11-Apr-2023 08:49** Sample Type : **Whole Blood EDTA** Mobile No :
 Sample Date and Time : **11-Apr-2023 08:49** Sample Coll. By : Ref Id1 : **O0423097**
 Report Date and Time : **11-Apr-2023 09:08** Acc. Remarks : **Normal** Ref Id2 : **O2324341**

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin	L 10.7	G%	12.00 - 15.00
RBC (Electrical Impedance)	4.65	millions/cumm	3.80 - 4.80
PCV(Calc)	L 33.62	%	36.00 - 46.00
MCV (RBC histogram)	L 72.3	fL	83.00 - 101.00
MCH (Calc)	L 23.0	pg	27.00 - 32.00
MCHC (Calc)	31.8	gm/dL	31.50 - 34.50
RDW (RBC histogram)	14.20	%	11.00 - 16.00

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

Total WBC Count	4590	/μL	4000.00 - 10000.00
Neutrophil	[%] 44.0	%	EXPECTED VALUES 40.00 - 70.00
Lymphocyte	H 47.0	%	20.00 - 40.00
Eosinophil	4.0	%	1.00 - 6.00
Monocytes	4.0	%	2.00 - 10.00
Basophil	1.0	%	0.00 - 2.00

PLATELET COUNT (Optical)

Platelet Count	L 110000	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	0.94		0.78 - 3.53

SMEAR STUDY

RBC Morphology Microcytic hypochromic RBCS.
WBC Morphology Lymphocytosis
Platelet Marked Thrombocytopenia. Rechecked in two different machines and confirmed manually. Adv: Repeat with fresh sample if clinically not correlated to rule out preanalytical error.
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 : NEELAM XALXO	Sex/Age : Female/ 57 Years	Case ID : 30402200224
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2671166
Bill. Loc. : Aashka hospital		Pt. Loc :

Reg Date and Time : 11-Apr-2023 08:49	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 11-Apr-2023 08:49	Sample Coll. By :	Ref Id1 : 00423097
Report Date and Time : 11-Apr-2023 09:08	Acc. Remarks : Normal	Ref Id2 : 02324341

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

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Dr. Shreya Shah
M.D. (Pathologist)

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

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LABORATORY REPORT



Name : **NEELAM XALXO** Sex/Age : **Female/ 57 Years** Case ID : **30402200224**
Ref.By : **HOSPITAL** Dis. At : Pt. ID : **2671166**
Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : 11-Apr-2023 08:49	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 11-Apr-2023 08:49	Sample Coll. By :	Ref Id1 : 00423097
Report Date and Time : 11-Apr-2023 10:57	Acc. Remarks : Normal	Ref Id2 : 02324341

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR	03	mm after 1hr 3 - 30		

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

Reg Date and Time : 11-Apr-2023 08:49	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 11-Apr-2023 08:49	Sample Coll. By :	Ref Id1 : 00423097
Report Date and Time : 11-Apr-2023 09:08	Acc. Remarks : Normal	Ref Id2 : 02324341

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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Name : **NEELAM XALXO** Sex/Age : **Female/ 57 Years** Case ID : **30402200224**
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **2671166**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **11-Apr-2023 08:49** Sample Type : **Spot Urine** Mobile No :
 Sample Date and Time : **11-Apr-2023 08:49** Sample Coll. By : Ref Id1 : **O0423097**
 Report Date and Time : **11-Apr-2023 10:16** Acc. Remarks : **Normal** Ref Id2 : **O2324341**

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	1.010		1.003 - 1.035
pH	6.0		4.6 - 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)

Shah

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

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 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **2671166**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 11-Apr-2023 08:49 Sample Type : Spot Urine Mobile No :
 Sample Date and Time : 11-Apr-2023 08:49 Sample Coll. By : Ref Id1 : 00423097
 Report Date and Time : 11-Apr-2023 10:16 Acc. Remarks : Normal Ref Id2 : 02324341

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 : NEELAM XALXO	Sex/Age : Female/ 57 Years	Case ID : 30402200224
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2671166
Bill. Loc. : Aashka hospital		Pt. Loc :

Reg Date and Time : 11-Apr-2023 08:49	Sample Type : Plasma Fluoride F, Plasma Fluoride PP	Mobile No :
Sample Date and Time : 11-Apr-2023 08:49	Sample Coll. By :	Ref Id1 : 00423097
Report Date and Time : 11-Apr-2023 12:36	Acc. Remarks : Normal	Ref Id2 : 02324341

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Biochemical Investigations by Dimension EXL (Siemens)

Plasma Glucose - F <i>Photometric, Hexokinase</i>	H	<u>149.37</u>	↑	mg/dL	70 - 100
Plasma Glucose - PP <i>Photometric, Hexokinase</i>	H	<u>208.28</u>	↑	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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LABORATORY REPORT



Name : **NEELAM XALXO** Sex/Age : **Female/ 57 Years** Case ID : **30402200224**
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **2671166**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 11-Apr-2023 08:49 Sample Type : Serum Mobile No :
 Sample Date and Time : 11-Apr-2023 08:49 Sample Coll. By : Ref Id1 : O0423097
 Report Date and Time : 11-Apr-2023 10:57 Acc. Remarks : Normal Ref Id2 : O2324341

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol <i>Colorimetric, CHOD-POD</i>	127.19	mg/dL	110 - 200
HDL Cholesterol	59.7	mg/dL	48 - 77
Triglyceride <i>Colorimetric-Arsenazo Method</i>	66.00	mg/dL	40 - 200
VLDL <i>Calculated</i>	13.20	mg/dL	10 - 40
Chol/HDL <i>Calculated</i>	2.13		0 - 4.1
LDL Cholesterol <i>Calculated</i>	L 54.29	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 interpreation available from the lab
- All tests are done according to NCEP guidelines and with FDA approved kits.
- LDL Cholesterol level is primary goal for treatment and varies with risk category and assesment

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

Shah

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LABORATORY REPORT



Name : NEELAM XALXO	Sex/Age : Female/ 57 Years	Case ID : 30402200224
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2671166
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 11-Apr-2023 08:49	Sample Type : Serum	Mobile No :
Sample Date and Time : 11-Apr-2023 08:49	Sample Coll. By :	Ref Id1 : O0423097
Report Date and Time : 11-Apr-2023 10:56	Acc. Remarks : Normal	Ref Id2 : O2324341

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Liver Function Test

S.G.P.T. <i>UV with P5P</i>		15.96	U/L	14 - 59
S.G.O.T. <i>UV with P5P</i>	L	13.31	U/L	15 - 37
Alkaline Phosphatase <i>Enzymatic, PNPP-AMP</i>	H	147.04	U/L	46 - 116
Gamma Glutamyl Transferase <i>Enzymatic</i>		13.29	U/L	0.00 - 36.00
Proteins (Total) <i>Colorimetric, Biuret</i>		6.88	gm/dL	6.4 - 8.2
Albumin <i>Bromocresol purple</i>		4.60	gm/dL	3.4 - 5
Globulin <i>Calculated</i>		2.28	gm/dL	2 - 4.1
A/G Ratio <i>Calculated</i>		2.0		1.0 - 2.1
Bilirubin Total		0.35	mg/dL	0.2 - 1.0
Bilirubin Conjugated <i>Diazotized Sulfanilic Acid Method</i>	H	0.21	mg/dL	0 - 0.20
Bilirubin Unconjugated <i>Calculated</i>		0.14	mg/dL	0 - 0.8

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

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LABORATORY REPORT



Name : **NEELAM XALXO** Sex/Age : **Female/ 57 Years** Case ID : **30402200224**
Ref.By : **HOSPITAL** Dis. At : Pt. ID : **2671166**
Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 11-Apr-2023 08:49 Sample Type : Serum Mobile No :
Sample Date and Time : 11-Apr-2023 08:49 Sample Coll. By : Ref Id1 : 00423097
Report Date and Time : 11-Apr-2023 10:56 Acc. Remarks : Normal Ref Id2 : 02324341

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BUN (Blood Urea Nitrogen) <i>GLDH</i>	16.2	mg/dL	6.00 - 20.00	
Creatinine	1.11	mg/dL	0.50 - 1.50	
Uric Acid <i>Uricase</i>	4.58	mg/dL	2.6 - 6.2	

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

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LABORATORY REPORT



Name : NEELAM XALXO	Sex/Age : Female/ 57 Years	Case ID : 30402200224
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2671166
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 11-Apr-2023 08:49	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 11-Apr-2023 08:49	Sample Coll. By :	Ref Id1 : O0423097
Report Date and Time : 11-Apr-2023 09:42	Acc. Remarks : Normal	Ref Id2 : O2324341

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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Glycated Haemoglobin Estimation

HbA1C	H <u>6.72</u>		% of total Hb <5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	146.16	mg/dL		

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

Interpretation :

HbA1C level reflects the mean glucose concentration over previous 8-12 weeks and provides better indication of long term glycemic control.
Levels of HbA1C may be low as result of shortened RBC life span in case of hemolytic anemia.
Increased HbA1C values may be found in patients with polycythemia or post splenectomy patients.
Patients with Homozygous forms of rare variant Hb(CC,SS,EE,SC) HbA1c can not be quantitated as there is no HbA.
In such circumstances glycemic control can be monitored using plasma glucose levels or serum Fructosamine.
The A1c target should be individualized based on numerous factors, such as age, life expectancy, comorbid conditions, duration of diabetes, risk of hypoglycemia or adverse consequences from hypoglycemia, patient motivation and adherence.

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

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LABORATORY REPORT



Name : NEELAM XALXO	Sex/Age : Female/ 57 Years	Case ID : 30402200224
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2671166
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 11-Apr-2023 08:49	Sample Type : Serum	Mobile No :
Sample Date and Time : 11-Apr-2023 08:49	Sample Coll. By :	Ref Id1 : O0423097
Report Date and Time : 11-Apr-2023 09:58	Acc. Remarks : Normal	Ref Id2 : O2324341

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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Thyroid Function Test

Triiodothyronine (T3)	76.84	ng/dL	40 - 181	
Thyroxine (T4) <small>CMA</small>	9.1	ng/dL	5.5 - 11.0	
TSH <small>CMA</small>	2.046	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

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

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Sample Date and Time : 11-Apr-2023 08:49	Sample Coll. By :	Ref Id1 : O0423097
Report Date and Time : 11-Apr-2023 09:58	Acc. Remarks : Normal	Ref Id2 : O2324341

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)

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