

## CPPC

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**From:** Drashy Shukla  
**Sent:** Wednesday, April 5, 2023 3:21 PM  
**To:** CPPC  
**Subject:** Fwd: Health Check up Booking Request(bobS36605), Beneficiary Code-57809

Fyi

Sent from [Outlook for Android](#)

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**From:** Mediwheel <wellness@mediwheel.in>  
**Sent:** Wednesday, 29 March 2023, 5:50 pm  
**To:** Drashy Shukla <DRASHY.SHUKLA@bankofbaroda.com>  
**Cc:** customercare@mediwheel.in <customercare@mediwheel.in>  
**Subject:** Health Check up Booking Request(bobS36605), Beneficiary Code-57809

**\*\*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.



011-41195959  
**Email:**wellness@mediwheel.in

Dear Pooja shukla,

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.

1. For generating permission letter for cashless health check-up in the HR Connect, the path to be followed is given below:

a) Employee Self Service-> Reimbursement-> Reimbursement application ->Add New value ->Reimbursement Type: Mandatory Health Check-up â€œ Click Add

b) Select Financial Year 2022-23, Self or Spouse, Claim Type - Cashless and Submit

c) After submission, click print button to generate Permission Letter

**Booking Date** : 29-03-2023

**Health Check up 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

**Appointment Date** : 08-04-2023

**Preferred Time** : 8:00am-9:00am

Member Information			
Booked Member Name	Age	Gender	Cost(In INR)
Pooja shukla	35	Female	Cashless
<b>Total amount to be paid</b>		<b>Cashless</b>	

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 Female Below 40 - Includes (37)Tests

**Tests included in this Package** : Ecg, TSH, X-ray Chest, Stress Test (tmt)/ 2d Echo, Blood Sugar Postprandial, 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, 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

DR. DIPESH FATANIYA

M.D., IDCCM.

CRITICAL CARE MEDICINE

M.NO.-9909906809

R.NO.G-41495


UHID: 00423061	Date: 8/1/21	Time:
Patient Name: POOJA SHUKLA	Height: 158cm	
Age/Sex: 35/F LMP:	Weight: 78.5kg	
History:		
C/C/O: Health check up	History:	
Allergy History:	Addiction:	
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Vitals & Examination:		
Temperature:		
Pulse: 80		
BP: 140/92		
SPO2: 98%		
Provisional Diagnosis:		

Advice:

Chole ↑  
 LDL ↑

Rx

No	Dosage Form	Name of drug (IN BLOCK LETTERS ONLY)	Dose	Route	Frequency	Duration
		- Physical activity (1)				
		- Lutein on 505 Station				
		- Weight loss				

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

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: 00423061	Date: 08/04/2023	Time:
Patient Name: Pooja Shrivastava	Age /Sex: 34 / F	Height: 158 cm
	Weight: 78.5 kg	
History: c/o Routine check-up.		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination: V M L 6/6 E 2L 6/6		
Diagnosis:		

Rx						
No	Dosage Form	Name of drug (IN BLOCK LETTERS ONLY)	Dose	Route	Frequency	Duration

Eye examination:

	RIGHT			LEFT		
	S	C	A	S	C	A
D	-3.50	—		-3.50	—	
N						

Other Advice:

— come —   
1-77



Follow-up:

Consultant's Sign:



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CIN: L85110GJ2012PLC072647



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

UHID: 00423061	Date: 8/4/23.	Time:
Patient Name: Pooja Skutla	Age / Sex: 34/F	Height:
History:		Weight:
Examination: Carries - 6/		
Calculus +		
Stunt		
Diagnosis:		

Ad

cash

Reserve

6/

1200

Scaby

—

1200

Debit



**PATIENT NAME:POOJA SHUKLA**

**GENDER/AGE:Female / 34 Years**

**DATE:08/04/23**

**DOCTOR:**

**OPDNO:O0423061**

## **SONOGRAPHY OF ABDOMEN AND PELVIS**

**LIVER:** Liver appears normal in size and shows increased parenchymal echoes. No evidence of focal lesion is seen. No evidence of dilated IHBR is seen. Intrahepatic portal radicles appear normal. No evidence of solid or cystic mass lesion is seen.

**GALL BLADDER:** Gall bladder is physiologically distended and appears normal. No evidence of calculus or changes of cholecystitis are seen. No evidence of pericholecystic fluid collection is seen. CBD appears normal.

**PANCREAS:** Pancreas appears normal in size and shows normal parenchymal echoes. No evidence of pancreatitis or pancreatic mass lesion is seen.

**SPLEEN:** Spleen appears normal in size and shows normal parenchymal echoes. No evidence of focal or diffuse lesion is seen.

**KIDNEYS:** Both kidneys are normal in size, shape and position. Both renal contours are smooth. Cortical and central echoes appear normal. Bilateral cortical thickness appears normal. No evidence of renal calculus, hydronephrosis or mass lesion is seen on either side. No evidence of perinephric fluid collection is seen.

Right kidney measures about 9.6 x 4.1 cms in size.

Left kidney measures about 10.1 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 140 cc.

**PROSTATE:** Prostate appears normal in size and shows normal parenchymal echoes. No evidence of pathological calcification or solid or cystic mass lesion is seen. Prostate volume measures about 14 cc.

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

**Fecal loaded large bowel loops seen.**

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

  
**DR. SNEHAL PRAJAPATI**  
**CONSULTANT RADIOLOGIST**

Aashka Hospitals Ltd.

Between Sargasan and Reliance Cross Roads  
Sargasan, Gandhinagar - 382421. Gujarat, India  
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www.aashkahospitals.in  
CIN: L85110GJ2012PLC072647



PATIENT NAME:POOJA SHUKLA

GENDER/AGE:Female / 34 Years

DATE:08/04/23

DOCTOR:

OPDNO:O0423061

#### 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: L85110GJ2012PLC072647

**PATIENT NAME:POOJA SHUKLA****GENDER/AGE:Female / 34 Years****DATE:08/04/23****DOCTOR:DR.HASIT JOSHI****OPDNO:O0423061****2D-ECHO**

<b>MITRAL VALVE</b>	<b>: NORMAL</b>	
<b>AORTIC VALVE</b>	<b>: NORMAL</b>	
<b>TRICUSPID VALVE</b>	<b>: NORMAL</b>	
<b>PULMONARY VALVE</b>	<b>: NORMAL</b>	
<b>AORTA</b>	<b>: 34mm</b>	
<b>LEFT ATRIUM</b>	<b>: 34mm</b>	
<b>LV Dd / Ds</b>	<b>: 41/27mm</b>	<b>EF 60%</b>
<b>IVS / LVPW / D</b>	<b>: 10/10mm</b>	
<b>IVS</b>	<b>: INTACT</b>	
<b>IAS</b>	<b>: FLOPPY</b>	
<b>RA</b>	<b>: NORMAL</b>	
<b>RV</b>	<b>: NORMAL</b>	
<b>PA</b>	<b>: NORMAL</b>	
<b>PERICARDIUM</b>	<b>: NORMAL</b>	
<b>VEL</b>	<b>: PEAK</b>	<b>MEAN</b>
<b>M/S</b>	<b>: Gradient mm Hg</b>	<b>Gradient mm Hg</b>
<b>MITRAL</b>	<b>: 1/0.7m/s</b>	
<b>AORTIC</b>	<b>: 1.2m/s</b>	
<b>PULMONARY</b>	<b>: 0.9m/s</b>	
<b>COLOUR DOPPLER</b>	<b>: TRIVIAL MR/TR</b>	
<b>RVSP</b>	<b>: 28mmHg</b>	
<b>CONCLUSION</b>	<b>: NORMAL LV SIZE / SYSTOLIC FUNCTION.</b>	

**CARDIOLOGIST****DR.HASIT JOSHI (9825012235)**

08.04.2023 11:00:10 AM  
MASHKA HOSPITAL LTD.  
SARGASAN  
GANDHINAGAR

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

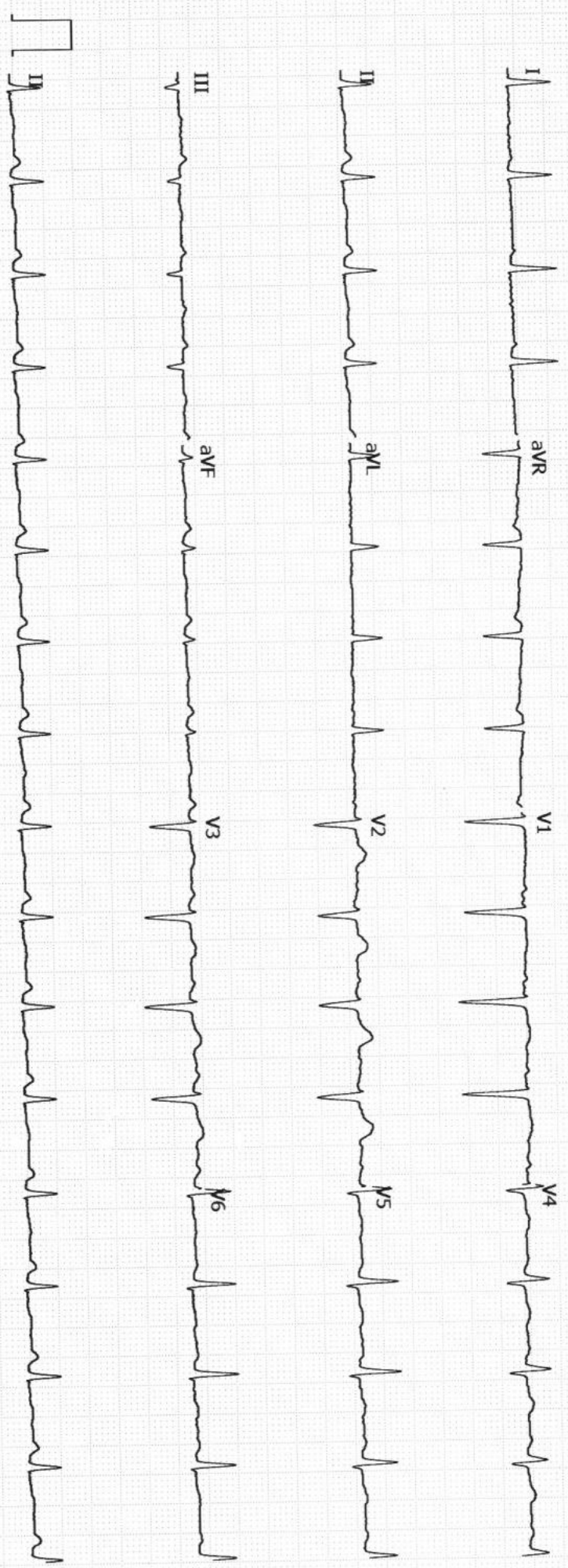
Room:

97 bpm  
-- / -- mmHg

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 76 ms  
QT / QTcBaz : 360 / 457 ms  
PR : 142 ms  
p : 92 ms  
RR / PP : 616 / 618 ms  
P / QRS / T : 65 / 12 / 69 degrees

Normal sinus rhythm  
Normal ECG





LABORATORY REPORT



Name : POOJA SHUKLA	Sex/Age : Female/ 35 Years	Case ID : 30402200156
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2665668
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 08-Apr-2023 09:35	Sample Type :	Mobile No :
Sample Date and Time : 08-Apr-2023 09:35	Sample Coll. By :	Ref Id1 : O0423061
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 : O2324210

### Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
<b>Blood Glucose Fasting &amp; Postprandial</b>			
Plasma Glucose - F	102.34	mg/dL	70 - 100
Plasma Glucose - PP	153.47	mg/dL	70.0 - 140.0
<b>Glyco Hemoglobin</b>			
HbA1C	6.37	% of total Hb	4.80 - 6.00
<b>Haemogram (CBC)</b>			
Haemoglobin (Colorimetric)	11.7	G%	12.00 - 15.00
PCV(Calc)	34.99	%	36.00 - 46.00
<b>Lipid Profile</b>			
Cholesterol	239.37	mg/dL	110 - 200
Chol/HDL	4.61		0 - 4.1
LDL Cholesterol	155.34	mg/dL	65 - 100
<b>Liver Function Test</b>			
Alkaline Phosphatase	131.82	U/L	46 - 116
ESR	23	mm after 1hr	3 - 20

Abnormal Result(s) Summary End

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



## LABORATORY REPORT



Name : **POOJA SHUKLA** Sex/Age : **Female/ 35 Years** Case ID : **30402200156**  
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **2665668**  
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : **08-Apr-2023 09:35** Sample Type : **Whole Blood EDTA** Mobile No :  
 Sample Date and Time : **08-Apr-2023 09:35** Sample Coll. By : Ref Id1 : **O0423061**  
 Report Date and Time : **08-Apr-2023 11:12** Acc. Remarks : **Normal** Ref Id2 : **O2324210**

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

#### HB AND INDICES

Haemoglobin (Colorimetric)	L 11.7	G%	12.00 - 15.00
RBC (Electrical Impedance)	4.05	millions/cumm	3.80 - 4.80
PCV(Calc)	L 34.99	%	36.00 - 46.00
MCV (RBC histogram)	86.4	fL	83.00 - 101.00
MCH (Calc)	28.9	pg	27.00 - 32.00
MCHC (Calc)	33.4	gm/dL	31.50 - 34.50
RDW (RBC histogram)	13.70	%	11.00 - 16.00

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

TEST	RESULTS	UNIT	EXPECTED VALUES	[Abs]	EXPECTED VALUES
Total WBC Count	9360	/μL	4000.00 - 10000.00		
Neutrophil	[%] 65.0	%	40.00 - 70.00	6084	/μL 2000.00 - 7000.00
Lymphocyte	28.0	%	20.00 - 40.00	2621	/μL 1000.00 - 3000.00
Eosinophil	3.0	%	1.00 - 6.00	281	/μL 20.00 - 500.00
Monocytes	4.0	%	2.00 - 10.00	374	/μL 200.00 - 1000.00
Basophil	0.0	%	0.00 - 2.00	0	/μL 0.00 - 100.00

#### PLATELET COUNT (Optical)

Platelet Count	285000	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	2.32		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*

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

Dr. Shreya Shah  
M.D. (Pathologist)

Page 2 of 13

Printed On : 08-Apr-2023 13:40





## LABORATORY REPORT



Name : POOJA SHUKLA	Sex/Age : Female/ 35 Years	Case ID : 30402200156
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2665668
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 08-Apr-2023 09:35	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 08-Apr-2023 09:35	Sample Coll. By :	Ref Id1 : 00423061
Report Date and Time : 08-Apr-2023 11:40	Acc. Remarks : Normal	Ref Id2 : 02324210

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR	H 23	mm after 1hr 3 - 20		

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

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

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

Page 3 of 13

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## LABORATORY REPORT



Name : POOJA SHUKLA	Sex/Age : Female/ 35 Years	Case ID : 30402200156
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2665668
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 08-Apr-2023 09:35	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 08-Apr-2023 09:35	Sample Coll. By :	Ref Id1 : 00423061
Report Date and Time : 08-Apr-2023 10:03	Acc. Remarks : Normal	Ref Id2 : 02324210

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	O
Rh Type	POSITIVE

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

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

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

Page 4 of 13

Printed On : 08-Apr-2023 13:40







## LABORATORY REPORT



Name : POOJA SHUKLA	Sex/Age : Female/ 35 Years	Case ID : 30402200156
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2665668
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 08-Apr-2023 09:35	Sample Type : Spot Urine	Mobile No :
Sample Date and Time : 08-Apr-2023 09:35	Sample Coll. By :	Ref Id1 : 00423061
Report Date and Time : 08-Apr-2023 10:05	Acc. Remarks : Normal	Ref Id2 : 02324210

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

Physical examination

Colour : Pale yellow  
 Transparency : Clear

Chemical Examination By Sysmex UC-3500

Sp.Gravity	>1.025		1.005 - 1.030
pH	5.50		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)

*Dr. Manoj Shah*

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

Page 5 of 13

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## LABORATORY REPORT



Name : POOJA SHUKLA	Sex/Age : Female/ 35 Years	Case ID : 30402200156
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2665668
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 08-Apr-2023 09:35	Sample Type : Spot Urine	Mobile No :
Sample Date and Time : 08-Apr-2023 09:35	Sample Coll. By :	Ref Id1 : O0423061
Report Date and Time : 08-Apr-2023 10:05	Acc. Remarks : Normal	Ref Id2 : O2324210

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)

*Shah*

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

Page 6 of 13

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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 : **POOJA SHUKLA** Sex/Age : **Female/ 35 Years** Case ID : **30402200156**  
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **2665668**  
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : 08-Apr-2023 09:35	Sample Type : Plasma Fluoride F, Plasma Fluoride PP	Mobile No :
Sample Date and Time : 08-Apr-2023 09:35	Sample Coll. By :	Ref Id1 : 00423061
Report Date and Time : 08-Apr-2023 13:29	Acc. Remarks : Normal	Ref Id2 : 02324210
TEST	RESULTS UNIT BIOLOGICAL REF RANGE	REMARKS

### BIOCHEMICAL INVESTIGATIONS

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

<b>Plasma Glucose - F</b> <i>Photometric, Hexokinase</i>	H	102.34	mg/dL	70 - 100
<b>Plasma Glucose - PP</b> <i>Photometric, Hexokinase</i>	H	153.47	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)

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

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

Page 7 of 13

Printed On : 08-Apr-2023 13:40





## LABORATORY REPORT



Name : POOJA SHUKLA      Sex/Age : Female/ 35 Years      Case ID : 30402200156  
 Ref.By : HOSPITAL      Dis. At :      Pt. ID : 2665668  
 Bill. Loc. : Aashka hospital      Pt. Loc :

Reg Date and Time : 08-Apr-2023 09:35      Sample Type : Serum      Mobile No :  
 Sample Date and Time : 08-Apr-2023 09:35      Sample Coll. By :      Ref Id1 : 00423061  
 Report Date and Time : 08-Apr-2023 12:06      Acc. Remarks : Normal      Ref Id2 : 02324210

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

#### Lipid Profile

<b>Cholesterol</b> <i>Colorimetric, CHOD-POD</i>	H	239.37	mg/dL	110 - 200
<b>HDL Cholesterol</b>		51.9	mg/dL	48 - 77
<b>Triglyceride</b> <i>Colorimetric-Arsenazo Method</i>		160.64	mg/dL	40 - 200
<b>VLDL</b> <i>Calculated</i>		32.13	mg/dL	10 - 40
<b>Chol/HDL</b> <i>Calculated</i>	H	4.61		0 - 4.1
<b>LDL Cholesterol</b> <i>Calculated</i>	H	155.34	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*

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

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

Page 8 of 13

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**Neuberg Supratech Reference Laboratories Private Limited**

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Phone : 079-40408181 / 61618181 | Email : contact@supratechlabs.com | Website : www.neubergsupratech.com



## LABORATORY REPORT



Name : POOJA SHUKLA      Sex/Age : Female/ 35 Years      Case ID : 30402200156  
 Ref.By : HOSPITAL      Dis. At :      Pt. ID : 2665668  
 Bill. Loc. : Aashka hospital      Pt. Loc :

Reg Date and Time : 08-Apr-2023 09:35      Sample Type : Serum      Mobile No :  
 Sample Date and Time : 08-Apr-2023 09:35      Sample Coll. By :      Ref Id1 : 00423061  
 Report Date and Time : 08-Apr-2023 12:06      Acc. Remarks : Normal      Ref Id2 : 02324210

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

### BIOCHEMICAL INVESTIGATIONS

#### Liver Function Test

<b>S.G.P.T.</b> <i>UV with P5P</i>	21.65	U/L	14 - 59	
<b>S.G.O.T.</b> <i>UV with P5P</i>	17.14	U/L	15 - 37	
<b>Alkaline Phosphatase</b> <i>Enzymatic, PNPP-AMP</i>	H 131.82	U/L	46 - 116	
<b>Gamma Glutamyl Transferase</b> <i>Enzymatic</i>	15.88	U/L	0.00 - 36.00	
<b>Proteins (Total)</b> <i>Colorimetric, Biuret</i>	8.20	gm/dL	6.4 - 8.2	
<b>Albumin</b> <i>Bromocresol purple</i>	4.58	gm/dL	3.4 - 5	
<b>Globulin</b> <i>Calculated</i>	3.62	gm/dL	2 - 4.1	
<b>A/G Ratio</b> <i>Calculated</i>	1.3		1.0 - 2.1	
<b>Bilirubin Total</b>	0.34	mg/dL	0.2 - 1.0	
<b>Bilirubin Conjugated</b> <i>Diazotized Sulfanilic Acid Method</i>	0.14	mg/dL	0 - 0.20	
<b>Bilirubin Unconjugated</b> <i>Calculated</i>	0.20	mg/dL	0 - 0.8	

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

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Page 9 of 13

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## LABORATORY REPORT



Name : **POOJA SHUKLA** Sex/Age : **Female/ 35 Years** Case ID : **30402200156**  
Ref.By : **HOSPITAL** Dis. At : Pt. ID : **2665668**  
Bill. Loc. : **Aashka hospital** Pt. Loc. :  
Reg Date and Time : **08-Apr-2023 09:35** Sample Type : **Serum** Mobile No :  
Sample Date and Time : **08-Apr-2023 09:35** Sample Coll. By : Ref Id1 : **00423061**  
Report Date and Time : **08-Apr-2023 12:06** Acc. Remarks : **Normal** Ref Id2 : **02324210**

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>BUN (Blood Urea Nitrogen)</b> <i>GLDH</i>	<b>10.1</b>	mg/dL	6.00 - 20.00	
<b>Creatinine</b>	<b>0.54</b>	mg/dL	0.50 - 1.50	
<b>Uric Acid</b> <i>Uricase</i>	<b>5.89</b>	mg/dL	2.6 - 6.2	

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

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Page 10 of 13

Printed On : 08-Apr-2023 13:40





## LABORATORY REPORT



Name : POOJA SHUKLA	Sex/Age : Female/ 35 Years	Case ID : 30402200156
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2665668
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 08-Apr-2023 09:35	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 08-Apr-2023 09:35	Sample Coll. By :	Ref Id1 : O0423061
Report Date and Time : 08-Apr-2023 11:00	Acc. Remarks : Normal	Ref Id2 : O2324210

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

HbA1C	H 6.37		% of total Hb 4.80 - 6.00	
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	136.12		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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Page 11 of 13

Printed On : 08-Apr-2023 13:40





## LABORATORY REPORT



Name : POOJA SHUKLA	Sex/Age : Female/ 35 Years	Case ID : 30402200156
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2665668
Bill. Loc. : Aashka hospital		Pt. Loc. :

Reg Date and Time : 08-Apr-2023 09:35	Sample Type : Serum	Mobile No :
Sample Date and Time : 08-Apr-2023 09:35	Sample Coll. By :	Ref Id1 : 00423061
Report Date and Time : 08-Apr-2023 10:43	Acc. Remarks : Normal	Ref Id2 : 02324210

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

Triiodothyronine (T3)	94.09	ng/dL	70 - 204	
Thyroxine (T4) <small>CMIA</small>	7.5	ng/dL	5.5 - 11.0	
TSH <small>CMIA</small>	1.150	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)

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Page 12 of 13

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## LABORATORY REPORT



Name : POOJA SHUKLA	Sex/Age : Female/ 35 Years	Case ID : 30402200156
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2665668
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 08-Apr-2023 09:35	Sample Type : Serum	Mobile No :
Sample Date and Time : 08-Apr-2023 09:35	Sample Coll. By :	Ref Id1 : O0423061
Report Date and Time : 08-Apr-2023 10:43	Acc. Remarks : Normal	Ref Id2 : O2324210

**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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Page 13 of 13

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Name: POOJA SHUKLA Age: 34yrs

Complaints:  
Routine check

No of deliveries: 2 children Both C.S. < 8yrs  
Last Delivery: 1/2 yrs. (Gestational DM) on diet  
History of abortion: H/O medical conditions associated:

Last abortions: DM   
HTN   
Thyroid

MH: ref Reg: S/30 Pains + 2 days

LMP: 28.3.22

P/A: C.S. Scar Transverse.

P/S: Cx healthy.

P/V: ut Av, NS, M, GR. Breasts ref.

Sample:- Vagina   
Cervix

Doctors Sign:- J. Halderwar

11 Aug. 8/4/23