



**Health Check up Booking Confirmed Request(bobE19557),Package Code-
PKG1000241, Beneficiary Code-77216**

I message

Mediwheel <wellness@mediwheel.in>
To: km10294@gmail.com
Cc: mediwheelwellness@gmail.com

Sat, Feb 18, 2023 at 12:39 PM



011-41195959
Email:wellness@mediwheel.in

Dear **MS. MAKWANA KHUSHBU NAVNITBHAI**,
Please find the confirmation for following request.

Booking Date : 06-11-2022
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 : 25-02-2023
Confirmation Status : Confirmed
Preferred Time : 8:30am-9:00am
Comment : APPOINTMENT TIME 8:00AM

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.

dt: 25/2/23



Cytological examination- Pap smear request form

Name: Khushboo Makwana Age: 29 yrs.

Complaints: doneil, came for RANC

No of deliveries:

Last Delivery: AML = 1.5 yrs, Nullipara

History of abortion: H/O medical conditions associated:

Last abortions: DM HTN Thyroid

MH: Reg:

LMP: 5/2/23

P/A: - SDT

P/S: - healthy

P/V: pap taken mild vaginal discharge (+) healthy

Sample:- Vagina Cervix

Doctors Sign: [Signature]

Aashka Hospitals Ltd.

Between Sargasan and Reliance Cross Roads
Sargasan, Candhinagar - 382421. Gujarat, India
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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: 12mush34 M. Mallem	Age /Sex:	Height:
	Weight:	
History: 1 for Routine check-up.		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination: VM 6/6 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	P			P		
N						

Other Advice:

Follow-up:

Consultant's Sign:



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DR. UNNATI SHAH

B.D.S. (DENTAL SURGEON)

REG. NO. A-7742

MO.NO- 9904596691

UHID:	Date: 25/8/23	Time:
Patient Name: Khubba M. Makwana	Age / Sex: 29 / F	Height:
		Weight:
History:		
Examination: calculus sten.		
Diagnosis:		

Treatment:

25 12
—————→

Scaling is done

1
P.H. Umrat
1200

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 CIN: L85110GJ2012PLC072647



DR. HEETA MEHTA
M.S, OBST- GYNEC
CONSULTANT OBSTETRICIAN
AND GYNECOLOGIST
 Regi. No G-29736

UHID:	Date: 25/2/23	Time: 6:15pm
Patient Name: Khushboo Makwana	Age: 29 yrs	Mobile No: 9586461689
Complaint and duration: do Nil, came for routine checkup.		
History: Menstrual history:		
Cycles	Flow	Duration of Bleeding
LMP: 5/2/2023		Multipara.
H/O Associated illnesses:		
HTN:		DM:
Thyroid disorder: NAD		Others:
Family History: maternal ^{Hypo} thyroidism.		
Medication history: NAD.		
Obstetric History:		
No of deliveries:	AML = 1.5 yrs	Last child:
Allergy History: NAD		
Nutritional Screening: Well-Nourished / Malnourished / Obese Well-Nourished		
General Examination:		
CVS	BP:	Oedema of ft
RS: clear	Wt:	Tongue
Breast examination: NAD		

P/

soft.

A

L/E

P/S- cervix

→ Healthy
mild vaginal discharge

LTAW

① see
BILF clean.

P/V

Provisional Diagnosis:

mild bact. vaginosis.

Investigation:

- ① pap smear
- ② mammography

Plan of care:

maintain hygiene

Rx

No	Dosage Form	Name of drug (IN BLOCK LETTERS ONLY)	Dose	Route	Frequency	Duration
1)	P.O.	FAS-3 kit	—	Po	①	

Follow-up:

with pap smear.

Consultant's Sign:

[Signature]

DR. PRAKASH D MAKWANA
 M.D.
 REG.NO.G-29078
 MO.NO-9722116164

UHID:		Date: 28/02/23	Time: 5:18 PM
Patient Name: KHUSHBU		Height:	
Age / Sex: 29 Y / F	LMP:	Weight:	
History:			
C/C/O: ② ROUTINE HEALTH CHECKUP		History: ② NO	
Allergy History: NSA		Addiction: —	
Nutritional Screening: Well-Nourished / Malnourished / Obese			
Vitals & Examination:			
Temperature: AF-EBRILE			
Pulse: 78/min			
BP: 100/60 MMHG			
SPO2: 98% ON ROOM AIR			
Provisional Diagnosis:			

Advice:

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

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

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CIN: L85110GJ2012PLC072647

**PATIENT NAME: KHUSHBU NAVNITBHAI MAKWANA****GENDER/AGE: Female / 29 Years****DATE: 25/02/23****DOCTOR:****OPDNO: 00223211****2D-ECHO**

MITRAL VALVE	: NORMAL	
AORTIC VALVE	: NORMAL	
TRICUSPID VALVE	: NORMAL	
PULMONARY VALVE	: NORMAL	
AORTA	: 27mm	
LEFT ATRIUM	: 22mm	
LV Dd / Ds	: 35/21m/s	EF-60%
IVS / LVPW / D	: 9/7mm	
IVS	: INTACT	
IAS	: INTACT	
RA	: NORMAL	
RV	: NORMAL	
PA	: NORMAL	
PERICARDIUM	: NORMAL	
VEL	: PEAK	MEAN
M/S	: Gradient mm Hg	Gradient mm Hg
MITRAL	: 0.9/0.7m/s	
AORTIC	: 1.0m/s	
PULMONARY	: 0.8m/s	
COLOUR DOPPLER	: TRIVIAL MR/TR	
RVSP	: 28mmHg	
CONCLUSION	: NORMAL LV SIZE/SYSTOLIC FUNCTION	

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

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CIN: L85110GJ2012PLC072647



PATIENT NAME: KHUSHBU NAVNITBHAI MAKWANA

GENDER/AGE: Female / 29 Years

DATE: 25/02/23

DOCTOR:

OPDNO: O0223211

SONOGRAPHY OF ABDOMEN AND PELVIS

LIVER: Liver appears normal in size and normal parenchymal echoes. No evidence of focal lesion is seen. No evidence of dilated IHBR is seen. Intrahepatic portal radicals 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, renal hydronephrosis or mass lesion is seen on either side. No evidence of perinephric fluid collection is seen.

Right kidney measures about 10.4 x 4.1 cms in size.

Left kidney measures about 10.2 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 partially distended.

UTERUS: Uterus is anteverted and appears normal in size, shape and position. Endometrial and myometrial echoes appear normal. Endometrial thickness measures about 8 mm. No evidence of uterine mass lesion is seen.

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

RADIOLOGIST

DR. MEHUL PATELIYA

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PATIENT NAME: KHUSHBU NAVNITBHAI MAKWANA

GENDER/AGE: Female / 29 Years

DATE: 25/02/23

DOCTOR:

OPDNO: 00223211

X-RAY CHEST PA

Both lung fields appear clear

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.

Impression: Normal Chest X ray examination

RADIOLOGIST

DR. MEHUL PATELIYA



LABORATORY REPORT



Name : **KHUSHBU NAVNITBHAI MAKWANA** Sex/Age : **Female/ 29 Years** Case ID : **30202200583**
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **2580148**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 25-Feb-2023 08:24	Sample Type :	Mobile No :
Sample Date and Time : 25-Feb-2023 08:24	Sample Coll. By :	Ref Id1 : 00223211
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 : 022239299

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Haemogram (CBC)			
RBC (Electrical Impedance)	5.00	millions/cu mm	3.80 - 4.80
MCV (RBC histogram)	81.1	fL	83.00 - 101.00
MCH (Calc)	26.8	pg	27.00 - 32.00
Eosinophil	12.0	%	1.00 - 6.00
Eosinophil	1120	/μL	20.00 - 500.00
Lipid Profile			
HDL Cholesterol	40.5	mg/dL	48 - 77
Liver Function Test			
S.G.O.T.	14.90	U/L	15 - 37

Abnormal Result(s) Summary End

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



LABORATORY REPORT



Name : KHUSHBU NAVNITBHAI MAKWANA Sex/Age : Female/ 29 Years Case ID : 30202200583
 Ref.By : HOSPITAL Dis. At : Pt. ID : 2580148
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 25-Feb-2023 08:24	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 25-Feb-2023 08:24	Sample Coll. By :	Ref Id1 : O0223211
Report Date and Time : 25-Feb-2023 09:03	Acc. Remarks : Normal	Ref Id2 : O22239299

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin (Colorimetric)	13.4	G%	12.00 - 15.00
RBC (Electrical Impedance)	H 5.00	millions/cumm	3.80 - 4.80
PCV(Calc)	40.55	%	36.00 - 46.00
MCV (RBC histogram)	L 81.1	fL	83.00 - 101.00
MCH (Calc)	L 26.8	pg	27.00 - 32.00
MCHC (Calc)	33.0	gm/dL	31.50 - 34.50
RDW (RBC histogram)	14.20	%	11.00 - 16.00

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

Total WBC Count	9330	/μL	4000.00 - 10000.00
	[%]		EXPECTED VALUES
Neutrophil	60.0	%	40.00 - 70.00
Lymphocyte	23.0	%	20.00 - 40.00
Eosinophil	H 12.0	%	1.00 - 6.00
Monocytes	5.0	%	2.00 - 10.00
Basophil	0.0	%	0.00 - 2.00
			[Abs]
			EXPECTED VALUES
			5598 /μL
			2146 /μL
			H 1120 /μL
			467 /μL
			0 /μL

PLATELET COUNT (Optical)

Platelet Count	363000	/μL	150000.00 - 410000.00
Neutrophil to Lymphocyte Ratio (NLR)	2.61		0.78 - 3.53

SMEAR STUDY

RBC Morphology	Normocytic Normochromic RBCs.
WBC Morphology	Eosinophilia.
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.)

Page 2 of 14

Printed On : 25-Feb-2023 15:19





LABORATORY REPORT



Name : KHUSHBU NAVNITBHAI MAKWANA	Sex/Age : Female/ 29 Years	Case ID : 30202200583
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2580148
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 25-Feb-2023 08:24	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 25-Feb-2023 08:24	Sample Coll. By :	Ref Id1 : O0223211
Report Date and Time : 25-Feb-2023 09:03	Acc. Remarks : Normal	Ref Id2 : O22239299

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

Dr. Shreya Shah
M.D. (Pathologist)

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

Page 3 of 14

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LABORATORY REPORT



Name : KHUSHBU NAVNITBHAI MAKWANA Sex/Age : Female/ 29 Years Case ID : 30202200583
Ref.By : HOSPITAL Dis. At : Pt. ID : 2580148
Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 25-Feb-2023 08:24	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 25-Feb-2023 08:24	Sample Coll. By :	Ref Id1 : O0223211
Report Date and Time : 25-Feb-2023 11:18	Acc. Remarks : Normal	Ref Id2 : O22239299

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR	12	mm after 1hr 3 - 20		

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

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Page 4 of 14

Printed On : 25-Feb-2023 15:19





LABORATORY REPORT



Name : KHUSHBU NAVNITBHAI MAKWANA Sex/Age : Female/ 29 Years Case ID : 30202200583
Ref.By : HOSPITAL Dis. At : Pt. ID : 2580148
Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 25-Feb-2023 08:24	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 25-Feb-2023 08:24	Sample Coll. By :	Ref Id1 : O0223211
Report Date and Time : 25-Feb-2023 09:00	Acc. Remarks : Normal	Ref Id2 : O22239299

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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Page 5 of 14

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LABORATORY REPORT



Name : KHUSHBU NAVNITBHAI MAKWANA Sex/Age : Female/ 29 Years Case ID : 30202200583
Ref.By : HOSPITAL Dis. At : Pt. ID : 2580148
Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 25-Feb-2023 08:24 Sample Type : Spot Urine Mobile No :
Sample Date and Time : 25-Feb-2023 08:24 Sample Coll. By : Ref Id1 : O0223211
Report Date and Time : 25-Feb-2023 09:11 Acc. Remarks : Normal Ref Id2 : O22239299

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	5.5		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

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M.D. (Pathologist)

Page 6 of 14

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LABORATORY REPORT



Name : KHUSHBU NAVNITBHAI MAKWANA Sex/Age : Female/ 29 Years Case ID : 30202200583
 Ref.By : HOSPITAL Dis. At : Pt. ID : 2580148
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 25-Feb-2023 08:24 Sample Type : Spot Urine Mobile No :
 Sample Date and Time : 25-Feb-2023 08:24 Sample Coll. By : Ref Id1 : O0223211
 Report Date and Time : 25-Feb-2023 09:11 Acc. Remarks : Normal Ref Id2 : O22239299

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)

Dr. Shreya Shah
M.D. (Pathologist)

Page 7 of 14

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LABORATORY REPORT



Name : KHUSHBU NAVNITBHAI MAKWANA Sex/Age : Female/ 29 Years Case ID : 30202200583
 Ref.By : HOSPITAL Dis. At : Pt. ID : 2580148
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 25-Feb-2023 08:24 Sample Type : Plasma Fluoride F, Plasma Fluoride PP Mobile No :
 Sample Date and Time : 25-Feb-2023 08:24 Sample Coll. By : Ref Id1 : O0223211
 Report Date and Time : 25-Feb-2023 15:16 Acc. Remarks : Normal Ref Id2 : O22239299
TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

BIOCHEMICAL INVESTIGATIONS

Biochemical Investigations by Dimension EXL (Siemens)

Plasma Glucose - F	89.48	mg/dL	70.0 - 100
Plasma Glucose - PP	108	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

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M.D. (Path. & Bact.)

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Page 8 of 14

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LABORATORY REPORT



Name : KHUSHBU NAVNITBHAI MAKWANA Sex/Age : Female/ 29 Years Case ID : 30202200583
 Ref.By : HOSPITAL Dis. At : Pt. ID : 2580148
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 25-Feb-2023 08:24 Sample Type : Serum Mobile No :
 Sample Date and Time : 25-Feb-2023 08:24 Sample Coll. By : Ref Id1 : O0223211
 Report Date and Time : 25-Feb-2023 10:40 Acc. Remarks : Normal Ref Id2 : O22239299

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol	125.76	mg/dL	110 - 200	
HDL Cholesterol	L 40.5	mg/dL	48 - 77	
Triglyceride	55.46	mg/dL	40 - 200	
VLDL <i>Calculated</i>	11.09	mg/dL	10 - 40	
Chol/HDL <i>Calculated</i>	3.11		0 - 4.1	
LDL Cholesterol <i>Calculated</i>	74.17	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 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

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Page 9 of 14

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LABORATORY REPORT



Name : KHUSHBU NAVNITBHAI MAKWANA Sex/Age : Female/ 29 Years Case ID : 30202200583
 Ref.By : HOSPITAL Dis. At : Pt. ID : 2580148
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 25-Feb-2023 08:24	Sample Type : Serum	Mobile No :
Sample Date and Time : 25-Feb-2023 08:24	Sample Coll. By :	Ref Id1 : O0223211
Report Date and Time : 25-Feb-2023 10:40	Acc. Remarks : Normal	Ref Id2 : O22239299

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Liver Function Test

S.G.P.T.	13.53	U/L	0 - 31	
S.G.O.T.	L 14.90	U/L	15 - 37	
Alkaline Phosphatase	102.84	U/L	35 - 105	
Gamma Glutamyl Transferase	11.75	U/L	5 - 36	
Proteins (Total)	8.10	gm/dL	6.4 - 8.2	
Albumin	4.39	gm/dL	3.4 - 5	
Globulin <i>Calculated</i>	3.71	gm/dL	2 - 4.1	
A/G Ratio <i>Calculated</i>	1.2		1.0 - 2.1	
Bilirubin Total	0.63	mg/dL	0.2 - 1.0	
Bilirubin Conjugated	0.11	mg/dL		
Bilirubin Unconjugated <i>Calculated</i>	0.52	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)

Page 10 of 14

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LABORATORY REPORT



Name : KHUSHBU NAVNITBHAI MAKWANA Sex/Age : Female/ 29 Years Case ID : 30202200583
 Ref.By : HOSPITAL Dis. At : Pt. ID : 2580148
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 25-Feb-2023 08:24	Sample Type : Serum	Mobile No :
Sample Date and Time : 25-Feb-2023 08:24	Sample Coll. By :	Ref Id1 : O0223211
Report Date and Time : 25-Feb-2023 10:40	Acc. Remarks : Normal	Ref Id2 : O22239299

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BUN (Blood Urea Nitrogen) GLDH	9.0	mg/dL	6.00 - 20.00	
Creatinine	0.74	mg/dL	0.50 - 1.50	
Uric Acid	5.00	mg/dL	2.6 - 6.2	

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

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M.D. (Path. & Bact.)

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Page 11 of 14

Printed On : 25-Feb-2023 15:19





LABORATORY REPORT



Name : KHUSHBU NAVNITBHAI MAKWANA Sex/Age : Female/ 29 Years Case ID : 30202200583
 Ref.By : HOSPITAL Dis. At : Pt. ID : 2580148
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 25-Feb-2023 08:24	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 25-Feb-2023 08:24	Sample Coll. By :	Ref Id1 : O0223211
Report Date and Time : 25-Feb-2023 09:57	Acc. Remarks : Normal	Ref Id2 : O22239299

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Glycated Haemoglobin Estimation				

HbA1C	5.42		% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	108.85	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)

Dr. Manoj Shah
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Page 12 of 14

Printed On : 25-Feb-2023 15:19





LABORATORY REPORT



Name : KHUSHBU NAVNITBHAI MAKWANA Sex/Age : Female/ 29 Years Case ID : 30202200583
 Ref.By : HOSPITAL Dis. At : Pt. ID : 2580148
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 25-Feb-2023 08:24	Sample Type : Serum	Mobile No :
Sample Date and Time : 25-Feb-2023 08:24	Sample Coll. By :	Ref Id1 : O0223211
Report Date and Time : 25-Feb-2023 09:57	Acc. Remarks : Normal	Ref Id2 : O22239299

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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Thyroid Function Test

Triiodothyronine (T3)	102.49	ng/dL	70 - 204	
Thyroxine (T4) <small>CMIA</small>	9.4	ng/dL	5.5 - 11.0	
TSH <small>CMIA</small>	2.384	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

Reference range (microIU/ml)

First trimester	0.24 - 2.00
Second trimester	0.43-2.2
Third trimester	0.8-2.5

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

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Page 13 of 14

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LABORATORY REPORT



Name : KHUSHBU NAVNITBHAI MAKWANA	Sex/Age : Female/ 29 Years	Case ID : 30202200583
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2580148
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 25-Feb-2023 08:24	Sample Type : Serum	Mobile No :
Sample Date and Time : 25-Feb-2023 08:24	Sample Coll. By :	Ref Id1 : 00223211
Report Date and Time : 25-Feb-2023 09:57	Acc. Remarks : Normal	Ref Id2 : 022239299

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 14 of 14

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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

Makwana, Khushbu

25/07/2023 9:39:08 AM
AA JA HOSPITAL LTD.
SARGASAN
GANDHINAGAR

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

Room:

80 bpm
-- / -- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 66 ms
QT / QTcBaz : 362 / 417 ms
PR : 144 ms
P : 94 ms
RR / PP : 748 / 750 ms
P / QRS / T : 73 / 52 / 12 degrees

Normal sinus rhythm
Nonspecific T wave abnormality
Abnormal ECG

