



Aashka Hospitals Ltd

Reception <reception@aashkahospitals.in>

From : TPA <tpa@aashkahospitals.in>
Date : Sep 28, 2023, 3:47 PM
To : Reception <reception@aashkahospitals.in>
CC :
Subject : Fwd: Health Check up Booking Confirmed Request(bobS47162),Package Code-PKG10000241, Beneficiary Code-64115
Attachments :

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

Date: Thu Sep 28 15:03:04 IST 2023
 From: Mediwheel <wellness@mediwheel.in >
 To: TPA <tpa@aashkahospitals.in >
 CC: customercare@mediwheel.in
 Subject: Health Check up Booking Confirmed Request(bobS47162),Package Code-PKG10000241, Beneficiary Code-64115

MedSave

011-41195959 Email:wellness@mediwheel.in

Hi **Aashka Multispeciality Hospital,**Diagnostic/Hospital Location :**Between Sargasan & Reliance Cross Road, City:Gandhi Nagar**

We have received the confirmation for the following booking .

Beneficiary Name :PKG10000241
Beneficiary Name :MONA SAURABH BHAI RAVAL
Member Age :35
Member Gender :Female
Member Relation :Spouse
Package Name :Medi-Wheel Metro Full Body Health Checkup Female Below 40
Location :GANDHINAGAR,Gujarat-382355
Contact Details :7285022919
Booking Date :27-09-2023
Appointment Date :29-09-2023

Instructions to undergo Health Check:

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
3. Bring urine sample in a container if possible (containers are available at the Health Check centre).
4. Please bring all your medical prescriptions and previous health medical records with you.
5. Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

For Women:

1. Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
2. It is advisable not to undergo any Health Check during menstrual cycle.

We request you to facilitate the employee on priority.



बैंक ऑफ़ बड़ोदा
Bank of Baroda

नाम : सौरभ जयेशभाई रावल
Name : Saurabh jayeshbhai Raval

कर्मचारी कूट क्र. 123911
Employee Code No.

जारीकर्ता प्राधिकारी
Issuing Authority



धारक के हस्ताक्षर
Signature of Holder



LABORATORY REPORT



Name : MONA SAURABHBHAI RAVAL	Sex/Age : Female/ 35 Years	Case ID : 30902200972
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3016375
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 29-Sep-2023 08:36	Sample Type :	Mobile No :
Sample Date and Time : 29-Sep-2023 08:36	Sample Coll. By :	Ref Id1 : OSP31338
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 : O23245362

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Blood Glucose Fasting & Postprandial			
Plasma Glucose - F	111.29	mg/dL	70 - 100
Haemogram (CBC)			
Haemoglobin	10.3	G%	12.0 - 15.0
RBC (Electrical Impedance)	5.31	millions/cu mm	3.80 - 4.80
PCV(Calc)	33.51	%	36.00 - 46.00
MCV (RBC histogram)	63.1	fL	83.00 - 101.00
MCH (Calc)	19.4	pg	27.00 - 32.00
MCHC (Calc)	30.8	gm/dL	31.50 - 34.50
RDW (RBC histogram)	18.30	%	11.00 - 16.00
Morphological Impression	Adv: Serum Iron profile & Hb Electrophoresis.		
Liver Function Test			
Proteins (Total)	4.89	gm/dL	6.4 - 8.2
Globulin	0.39	gm/dL	2 - 4.1
A/G Ratio	11.5		1.0 - 2.1
Bilirubin Total	0.14	mg/dL	0.2 - 1.0
Bilirubin Unconjugated	-0.14	mg/dL	0 - 0.8

Abnormal Result(s) Summary End

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

Printed On : 29-Sep-2023 14:00



LABORATORY REPORT



Name : **MONA SAURABHBHAI RAVAL** Sex/Age : **Female/ 35 Years** Case ID : **30902200972**
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **3016375**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 29-Sep-2023 08:36 Sample Type : Whole Blood EDTA Mobile No :
 Sample Date and Time : 29-Sep-2023 08:36 Sample Coll. By : Ref Id1 : OSP31338
 Report Date and Time : 29-Sep-2023 09:09 Acc. Remarks : Normal Ref Id2 : O23245362

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin	L 10.3	G%	12.0 - 15.0
RBC (Electrical Impedance)	H 5.31	millions/cumm	3.80 - 4.80
PCV(Calc)	L 33.51	%	36.00 - 46.00
MCV (RBC histogram)	L 63.1	fL	83.00 - 101.00
MCH (Calc)	L 19.4	pg	27.00 - 32.00
MCHC (Calc)	L 30.8	gm/dL	31.50 - 34.50
RDW (RBC histogram)	H 18.30	%	11.00 - 16.00

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
Total WBC Count	5780	/μL	4000.00 - 10000.00	
Neutrophil	[%] 58.0	%	EXPECTED VALUES 40.00 - 70.00	[Abs] 3352 /μL EXPECTED VALUES 2000.00 - 7000.00
Lymphocyte	35.0	%	20.00 - 40.00	2023 /μL 1000.00 - 3000.00
Eosinophil	2.0	%	1.00 - 6.00	116 /μL 20.00 - 500.00
Monocytes	5.0	%	2.00 - 10.00	289 /μL 200.00 - 1000.00
Basophil	0.0	%	0.00 - 2.00	0 /μL 0.00 - 100.00

PLATELET COUNT (Optical)

Platelet Count	284000	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	1.66		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.
Morphological Impression	Adv: Serum Iron profile & Hb Electrophoresis.

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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Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3016375
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 29-Sep-2023 08:36	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 29-Sep-2023 08:36	Sample Coll. By :	Ref Id1 : OSP31338
Report Date and Time : 29-Sep-2023 09:09	Acc. Remarks : Normal	Ref Id2 : O23245362

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

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Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3016375
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 29-Sep-2023 08:36	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 29-Sep-2023 08:36	Sample Coll. By :	Ref Id1 : OSP31338
Report Date and Time : 29-Sep-2023 11:07	Acc. Remarks : Normal	Ref Id2 : O23245362

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR <i>Westergren Method</i>	04	mm after 1hr	3 - 20	

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Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3016375
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 29-Sep-2023 08:36	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 29-Sep-2023 08:36	Sample Coll. By :	Ref Id1 : OSP31338
Report Date and Time : 29-Sep-2023 09:22	Acc. Remarks : Normal	Ref Id2 : O23245362

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 : MONA SAURABHBHAI RAVAL	Sex/Age : Female/ 35 Years	Case ID : 30902200972
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3016375
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 29-Sep-2023 08:36	Sample Type : Spot Urine	Mobile No :
Sample Date and Time : 29-Sep-2023 08:36	Sample Coll. By :	Ref Id1 : OSP31338
Report Date and Time : 29-Sep-2023 09:22	Acc. Remarks : Normal	Ref Id2 : O23245362

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

Physical examination

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

Chemical Examination By Sysmex UC-3500

Sp.Gravity	1.015		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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Name : **MONA SAURABHBHAI RAVAL** Sex/Age : **Female/ 35 Years** Case ID : **30902200972**
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **3016375**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 29-Sep-2023 08:36 Sample Type : Spot Urine Mobile No :
 Sample Date and Time : 29-Sep-2023 08:36 Sample Coll. By : Ref Id1 : OSP31338
 Report Date and Time : 29-Sep-2023 09:22 Acc. Remarks : Normal Ref Id2 : O23245362

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	-	-	-	-	-

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Name : **MONA SAURABHBHAI RAVAL** Sex/Age : **Female/ 35 Years** Case ID : **30902200972**
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **3016375**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 29-Sep-2023 08:36	Sample Type : Plasma Fluoride F, Plasma Fluoride PP	Mobile No :
Sample Date and Time : 29-Sep-2023 08:36	Sample Coll. By :	Ref Id1 : OSP31338
Report Date and Time : 29-Sep-2023 12:43	Acc. Remarks : Normal	Ref Id2 : O23245362
TEST	RESULTS	UNIT
	BIOLOGICAL REF RANGE	REMARKS

BIOCHEMICAL INVESTIGATIONS

Blood Glucose Level (Fasting & Post Prandial)

Plasma Glucose - F <i>Photometric, Hexokinase</i>	H 111.29	mg/dL	70 - 100
Plasma Glucose - PP <i>Photometric, Hexokinase</i>	122.72	mg/dL	70.0 - 140.0

Note: 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

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Name : MONA SAURABHBHAI RAVAL	Sex/Age : Female/ 35 Years	Case ID : 30902200972
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3016375
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 29-Sep-2023 08:36	Sample Type : Serum	Mobile No :
Sample Date and Time : 29-Sep-2023 08:36	Sample Coll. By :	Ref Id1 : OSP31338
Report Date and Time : 29-Sep-2023 10:20	Acc. Remarks : Normal	Ref Id2 : O23245362

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol	146.10	mg/dL	110 - 200
HDL Cholesterol	58.9	mg/dL	48 - 77
Triglyceride	83.03	mg/dL	40 - 200
VLDL <i>Calculated</i>	16.61	mg/dL	10 - 40
Chol/HDL <i>Calculated</i>	2.48		0 - 4.1
LDL Cholesterol <i>Calculated</i>	70.59	mg/dL	0.00 - 100.00

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 Trnglyceride 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)

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LABORATORY REPORT



Name : **MONA SAURABHBHAI RAVAL** Sex/Age : **Female/ 35 Years** Case ID : **30902200972**
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **3016375**
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : 29-Sep-2023 08:36 Sample Type : Serum Mobile No :
 Sample Date and Time : 29-Sep-2023 08:36 Sample Coll. By : Ref Id1 : OSP31338
 Report Date and Time : 29-Sep-2023 10:20 Acc. Remarks : Normal Ref Id2 : O23245362

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Liver Function Test

S.G.P.T.		14.77	U/L	0 - 31
S.G.O.T.		18.68	U/L	15 - 37
Alkaline Phosphatase		36.48	U/L	35 - 105
Gamma Glutamyl Transferase		13.48	U/L	5 - 36
Proteins (Total)	L	4.89	gm/dL	6.4 - 8.2
Albumin		4.50	gm/dL	3.4 - 5
Globulin <i>Calculated</i>	L	0.39	gm/dL	2 - 4.1
A/G Ratio <i>Calculated</i>	H	11.5		1.0 - 2.1
Bilirubin Total	L	0.14	mg/dL	0.2 - 1.0
Bilirubin Conjugated		0.28	mg/dL	
Bilirubin Unconjugated <i>Calculated</i>	L	-0.14	mg/dL	0 - 0.8

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

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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 : **MONA SAURABHBHAI RAVAL** Sex/Age : **Female/ 35 Years** Case ID : **30902200972**
Ref.By : **HOSPITAL** Dis. At : Pt. ID : **3016375**
Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 29-Sep-2023 08:36	Sample Type : Serum	Mobile No :
Sample Date and Time : 29-Sep-2023 08:36	Sample Coll. By :	Ref Id1 : OSP31338
Report Date and Time : 29-Sep-2023 10:20	Acc. Remarks : Normal	Ref Id2 : O23245362

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BUN (Blood Urea Nitrogen) <i>GLDH</i>	7.7	mg/dL	7.00 - 18.70	
Creatinine	0.57	mg/dL	0.50 - 1.50	
Uric Acid	2.83	mg/dL	2.6 - 6.2	

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

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Name : **MONA SAURABHBHAI RAVAL** Sex/Age : **Female/ 35 Years** Case ID : **30902200972**
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **3016375**
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : 29-Sep-2023 08:36 Sample Type : **Whole Blood EDTA** Mobile No :
 Sample Date and Time : 29-Sep-2023 08:36 Sample Coll. By : Ref Id1 : **OSP31338**
 Report Date and Time : 29-Sep-2023 10:06 Acc. Remarks : **Normal** Ref Id2 : **O23245362**

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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Glycated Haemoglobin Estimation

HbA1C	4.58		% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	84.75	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)

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Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3016375
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 29-Sep-2023 08:36	Sample Type : Serum	Mobile No :
Sample Date and Time : 29-Sep-2023 08:36	Sample Coll. By :	Ref Id1 : OSP31338
Report Date and Time : 29-Sep-2023 09:33	Acc. Remarks : Normal	Ref Id2 : O23245362

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Thyroid Function Test				
Triiodothyronine (T3)	87.22	ng/dL	70 - 204	
Thyroxine (T4) <small>CMA</small>	6.09	ng/dL	4.87 - 11.72	
TSH <small>CMA</small>	0.74	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), PPTH 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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Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 29-Sep-2023 08:36	Sample Type : Serum	Mobile No :
Sample Date and Time : 29-Sep-2023 08:36	Sample Coll. By :	Ref Id1 : OSP31338
Report Date and Time : 29-Sep-2023 09:33	Acc. Remarks : Normal	Ref Id2 : O23245362

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)

Dr. Shreya Shah
M.D. (Pathologist)

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

Printed On : 29-Sep-2023 14:00

Aashka Hospitals Ltd.
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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: <u>OSP 31338</u>	Date: <u>29/09/23</u>	Time: <u>12:10</u>
Patient Name: <u>monab-</u>	Age /Sex:	Height:
	Weight:	
History: <u>Commy health check</u>		
Allergy History:		
Nutritional Screening: <u>Well-Nourished / Malnourished / Obese</u>		
Examination: <u>W 26/6</u> <u>6/6</u> <u>2/6</u> <u>Color vision - Normal</u>		
Diagnosis:		<u>Normal</u>

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PATIENT NAME: MONA SAURABH BHAI RAVAL

GENDER/AGE: Female / 35 Years

DATE: 29/09/23

DOCTOR:

OPDNO: OSP31338

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

PATIENT NAME: MONA SAURABH BHAI RAVAL

GENDER/AGE: Female / 35 Years

DATE: 29/09/23

DOCTOR:

OPDNO: OSP31338

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 4.6 cms in size.

Left kidney measures about 10.6 x 4.8 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 190 cc.

UTERUS: Uterus is anteverted and appears normal in size, shape and position. Endometrial and myometrial echoes appear normal. Endometrial thickness measures about 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



ADDRESSOGRAPH

COLOUR DOPPLER ECHOCARDIOGRAPH REPORT

Patient's Name : Monaben Age : _____ Sex : _____

Ref. by Doctor : _____ IP/OP No. : _____ Date : _____

COLOUR DOPPLER ECHOCARDIOGRAPH REPORT

MITRAL VALVE : Mild MR
 AORTIC VALVE :
 TRICUSPID VALVE :
 PULMONARY VALVE :
 ORTA : 28
 LEFT ATRIUM : 28
 LV Dd/ Ds : 38/23 EF 56%
 IVS / LVPW / D : 9/8
 IVS : Intact
 IAS : floppy
 RA :
 RV :
 PA :
 PERICARDIUM :
 VEL : PEAK MEAN
 M/S : Gradient mm Hg Gradient mm Hg
 MITRAL : 1/0.7
 AORTIC : 1.2
 PULMONARY : 0.9
 COLOUR DOPPLER : Trivial MR/TR
 RSVP : 28-7
 CONCLUSION :
 [Signature]

Mom Ravel

GE Contrast 226 166 05

29.09.2023 10:05:17 AM
ASHKA HOSPITAL LTD.
SARGASAN
GANDHINAGAR

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

Room:

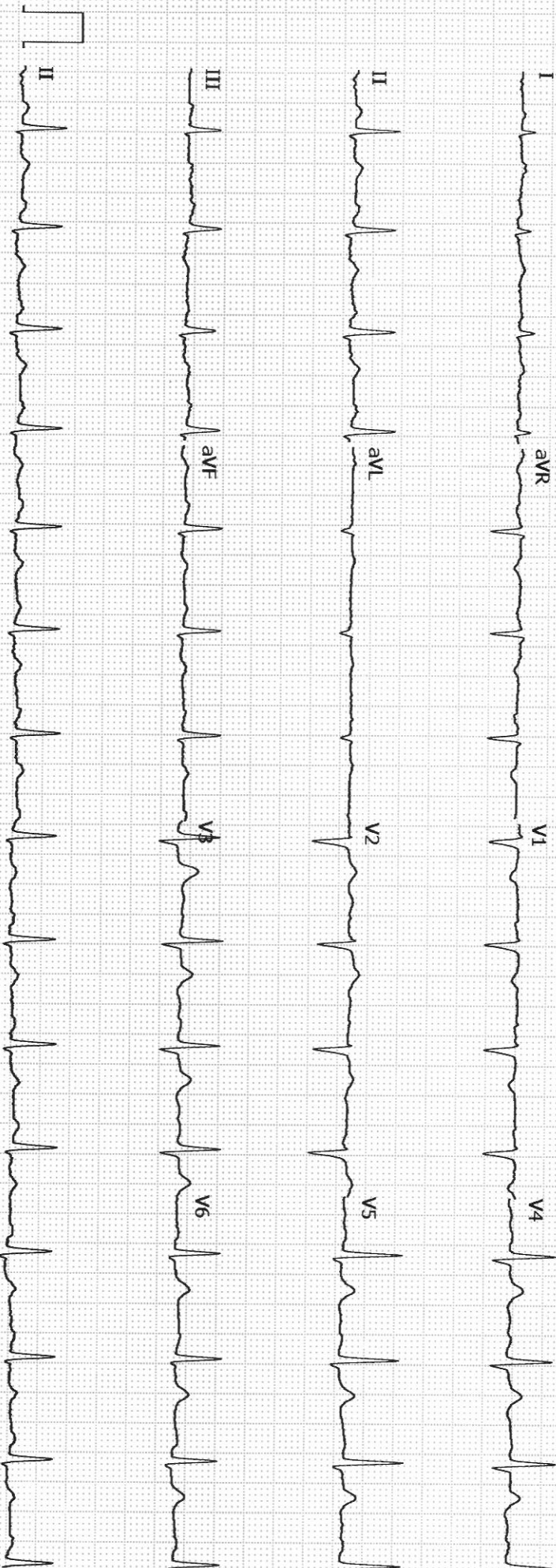
88 bpm

-- / -- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 84 ms
QT / QTcBaz : 358 / 433 ms
PR : 138 ms
P : 92 ms
RR / PP : 682 / 681 ms
P / QRS / T : 54 / 75 / 31 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

0459 LOT D 942 #

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aashka
HOSPITALS LTD.



veedasan

29/9/23

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Age: 38yr

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