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Reception ▾

Hi **Aashka Multispeciality Hospital,**

We have received the confirmation for the following booking.

**Hospital Package Name** : Mediwheel Full Body Health Checkup Male Below 40  
**Patient Package Name** : Mediwheel Full Body Health Checkup Male Above 40  
**Package Code** : PKG10000474  
**Contact Details** : 9427699925  
**Email** : ravalchintan1996@gmail.com  
**Booking Date** : 28-12-2023  
**Appointment Date** : 30-12-2023  
**Confirmation Status** : Booking Confirmed  
**Preferred Time** : 8:00am-8:30am

**Member Information**

Booked Member Name	Age	Gender
MR. PATEL SHAKARBHAI K	56 year	Male

We request you to facilitate the employee on priority.

Thanks,

Mediwheel Team

You have received this mail because your e-mail ID is registered with This is a system-generated e-mail **Arcofemi Healthcare Limited**, please don't reply to this message.

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@ 2023 - 24, Arcofemi Healthcare Pvt Limited.(Mediwheel)

Aashka Hospitals Ltd.

Between Sargasan and Reliance Cross Roads  
Sargasan, Gandhinagar - 382421, Gujarat.

Hospital:7575006000/9000

Website: [www.aashkahospitals.in](http://www.aashkahospitals.in) />



बैंक ऑफ़ बड़ोदा

Bank of Baroda



ATM



IP



नाम

Name

Shankarbhai Khatauji Patel

कर्मचारी कूट क्र.

Employee Code No.

160987

जारीकर्ता प्राधिकारी

Issuing Authority

धारक के हस्ताक्षर

Signature of Holder



## LABORATORY REPORT



Name : SHANKARBHAI K PATEL	Sex/Age : Male / 58 Years	Case ID : 31202200688
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3234982
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 30-Dec-2023 09:43	Sample Type :	Mobile No :
Sample Date and Time : 30-Dec-2023 09:43	Sample Coll. By :	Ref Id1 : OSP32948
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 : O23248759

### Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
<b>Blood Glucose Fasting &amp; Postprandial</b>			
Plasma Glucose - F	164.52	mg/dL	70 - 100
Plasma Glucose - PP	271.90	mg/dL	70.0 - 140.0
<b>Blood Urea Nitrogen (BUN)</b>			
BUN (Blood Urea Nitrogen)	7.3	mg/dL	8.40 - 25.70
<b>Glyco Hemoglobin</b>			
HbA1C	9.35	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes
<b>Haemogram (CBC)</b>			
Eosinophil	11.0	%	1.00 - 6.00
Eosinophil	685	/ $\mu$ L	20.00 - 500.00
<b>Lipid Profile</b>			
HDL Cholesterol	43.1	mg/dL	48 - 77
Chol/HDL	4.31		0 - 4.1
LDL Cholesterol	120.05	mg/dL	0.00 - 100.00

Abnormal Result(s) Summary End

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

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## LABORATORY REPORT



Name : SHANKARBHAI K PATEL  
 Ref.By : HOSPITAL  
 Bill. Loc. : Aashka hospital  
 Sex/Age : Male / 58 Years  
 Dis. At :  
 Case ID : 31202200688  
 Pt. ID : 3234982  
 Pt. Loc :  
 Reg Date and Time : 30-Dec-2023 09:43  
 Sample Date and Time : 30-Dec-2023 09:43  
 Report Date and Time : 30-Dec-2023 10:24  
 Sample Type : Whole Blood EDTA  
 Sample Coll. By :  
 Acc. Remarks : Normal  
 Mobile No :  
 Ref Id1 : OSP32948  
 Ref Id2 : O23248759

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

#### HB AND INDICES

Haemoglobin	16.5	G%	13.00 - 17.00
RBC (Electrical Impedance)	5.36	millions/cumm	4.50 - 5.50
PCV(Calc)	49.37	%	40.00 - 50.00
MCV (RBC histogram)	92.1	fL	83.00 - 101.00
MCH (Calc)	30.9	Pg	27.00 - 32.00
MCHC (Calc)	33.5	gm/dL	31.50 - 34.50
RDW (RBC histogram)	13.30	%	11.00 - 16.00

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

WBC	Count	UNIT	EXPECTED VALUES	[Abs]	EXPECTED VALUES
Total WBC Count	6230	/μL	4000.00 - 10000.00		
Neutrophil	53.0	%	40.00 - 70.00	3302	/μL 2000.00 - 7000.00
Lymphocyte	31.0	%	20.00 - 40.00	1931	/μL 1000.00 - 3000.00
Eosinophil	H 11.0	%	1.00 - 6.00	H 685	/μL 20.00 - 500.00
Monocytes	5.0	%	2.00 - 10.00	312	/μL 200.00 - 1000.00
Basophil	0.0	%	0.00 - 2.00	0	/μL 0.00 - 100.00

#### PLATELET COUNT (Optical)

Platelet Count	221000	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	1.71		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-Very Low, L-Low, H-High, HH-Very High, A-Abnormal)

Dr. Shreya Shah  
M.D. (Pathologist)

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CIN : U05300TN2017PTC114009

## LABORATORY REPORT



Name : SHANKARBHAI K PATEL	Sex/Age : Male / 58 Years	Case ID : 31202200688
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3234982
Bill. Loc. : Aashka hospital		Pl. Loc. :
Reg Date and Time : 30-Dec-2023 09:43	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 30-Dec-2023 09:43	Sample Coll. By :	Ref Id1 : OSP32948
Report Date and Time : 30-Dec-2023 10:33	Acc. Remarks : Normal	Ref Id2 : O23248759

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR <i>Westergren Method</i>	06	mm after 1hr	3 - 20	

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

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Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3234982
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 30-Dec-2023 09:43	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 30-Dec-2023 09:43	Sample Coll. By :	Ref Id1 : OSP32948
Report Date and Time : 30-Dec-2023 10:34	Acc. Remarks : Normal	Ref Id2 : O23248759

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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CIN : U28530GJ2017PTC114099

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Name : SHANKARBHAI K PATEL  
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Bill. Loc. : Aashka hospital  
Sex/Age : Male / 58 Years  
Dis. At :  
Case ID : 31202200688  
Pt. ID : 3234982  
Pt. Loc. :  
Reg Date and Time : 30-Dec-2023 09:43  
Sample Date and Time : 30-Dec-2023 09:43  
Report Date and Time : 30-Dec-2023 10:33  
Sample Type : Spot Urine  
Sample Coll. By :  
Acc. Remarks : Normal  
Mobile No :  
Ref Id1 : OSP32948  
Ref Id2 : O23248759

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

Physical examination

Colour : Pale yellow  
Transparency : Clear

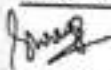
Chemical Examination By Sysmex UC-3500

Sp.Gravity	>1.025		1.005 - 1.030
pH	<5.5		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	/μL	Nil
Yeast	Nil	/μL	Nil
Cast	Nil	/LPF	Nil
Crystals	Nil	/HPF	Nil

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

  
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## LABORATORY REPORT

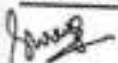


Name : SHANKARBHAI K PATEL  
 Ref.By : HOSPITAL  
 Bill. Loc. : Aashka hospital  
 Sex/Age : Male / 58 Years  
 Dis. At :  
 Case ID : 31202200688  
 Pt. ID : 3234982  
 Pt. Loc :  
 Reg Date and Time : 30-Dec-2023 09:43  
 Sample Date and Time : 30-Dec-2023 09:43  
 Report Date and Time : 30-Dec-2023 10:33  
 Sample Type : Spot Urine  
 Sample Coll. By :  
 Acc. Remarks : Normal  
 Mobile No :  
 Ref Id1 : OSP32948  
 Ref Id2 : O23248769

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

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

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

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

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## LABORATORY REPORT



Name : SHANKARBHAI K PATEL	Sex/Age : Male / 58 Years	Case ID : 31202200688
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3234982
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 30-Dec-2023 09:43	Sample Type : Plasma Fluoride F, Plasma Fluoride PP	Mobile No :
Sample Date and Time : 30-Dec-2023 09:43	Sample Coll. By :	Ref Id1 : OSP32948
Report Date and Time : 30-Dec-2023 14:27	Acc. Remarks : Normal	Ref Id2 : O23248759
TEST	RESULTS	UNIT BIOLOGICAL REF RANGE
		REMARKS

## BIOCHEMICAL INVESTIGATIONS

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

<b>Plasma Glucose - F</b> <i>Photometric, Hexokinase</i>	H	164.52	mg/dL	70 - 100
<b>Plasma Glucose - PP</b> <i>Photometric, Hexokinase</i>	H	271.90	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. Shreya Shah

M.D. (Pathologist)

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## LABORATORY REPORT



Name : SHANKARBHAI K PATEL      Sex/Age : Male / 58 Years      Case ID : 31202200688  
 Ref. By : HOSPITAL      Dis. At :      Pt. ID : 3234982  
 Bill. Loc. : Aashka hospital      Pt. Loc. :  
 Reg Date and Time : 30-Dec-2023 09:43      Sample Type : Serum      Mobile No :  
 Sample Date and Time : 30-Dec-2023 09:43      Sample Coll. By :      Ref Id1 : OSP32948  
 Report Date and Time : 30-Dec-2023 11:52      Acc. Remarks : Normal      Ref Id2 : O23248759

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

#### Lipid Profile

<b>Cholesterol</b> <small>Colorimetric, CHOD-POD</small>		185.71	mg/dL	110 - 200
<b>HDL Cholesterol</b>	L	43.1	mg/dL	48 - 77
<b>Triglyceride</b> <small>Glycerol Phosphate Oxidase</small>		112.82	mg/dL	<150
<b>VLDL</b> <small>Calculated</small>		22.56	mg/dL	10 - 40
<b>Chol/HDL</b> <small>Calculated</small>	H	4.31		0 - 4.1
<b>LDL Cholesterol</b> <small>Calculated</small>	H	120.05	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 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)

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 Bill. Loc. : Aashka hospital  
 Sex/Age : Male / 58 Years  
 Dis. At :  
 Case ID : 31202200688  
 Pt. ID : 3234982  
 Pt. Loc. :  
 Reg Date and Time : 30-Dec-2023 09:43  
 Sample Date and Time : 30-Dec-2023 09:43  
 Report Date and Time : 30-Dec-2023 11:59  
 Sample Type : Serum  
 Sample Coll. By :  
 Acc. Remarks : Normal  
 Mobile No :  
 Ref Id1 : OSP32948  
 Ref Id2 : O23248759

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>	52.14	U/L	16 - 63
S.G.O.T. <i>UV with P5P</i>	27.35	U/L	15 - 37
Alkaline Phosphatase <i>Enzymatic, PNPP-AMP</i>	99.91	U/L	46 - 116
Gamma Glutamyl Transferase <i>L-Gamma-glutamyl-3-carboxy-4-nitroamide Substrate</i>	45.0	U/L	0 - 55
Proteins (Total) <i>Colorimetric, Buref</i>	7.66	gm/dL	6.40 - 8.30
Albumin <i>Bromocresol purple</i>	4.82	gm/dL	3.4 - 5
Globulin <i>Calculated</i>	2.84	gm/dL	2 - 4.1
A/G Ratio <i>Calculated</i>	1.7		1.0 - 2.1
Bilirubin Total <i>Photometry</i>	0.43	mg/dL	0.3 - 1.2
Bilirubin Conjugated <i>Diazotization reaction</i>	0.25	mg/dL	0 - 0.50
Bilirubin Unconjugated <i>Calculated</i>	0.18	mg/dL	0 - 0.8

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

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M.D. (Pathologist)

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 Bill. Loc. : Aashka hospital  
 Sex/Age : Male / 58 Years  
 Dis. At :  
 Case ID : 31202200688  
 Pt. ID : 3234982  
 Pt. Loc :  
 Reg Date and Time : 30-Dec-2023 09:43  
 Sample Date and Time : 30-Dec-2023 09:43  
 Report Date and Time : 30-Dec-2023 11:52  
 Sample Type : Serum  
 Sample Coll. By :  
 Acc. Remarks : Normal  
 Mobile No :  
 Ref Id1 : OSP32948  
 Ref Id2 : O23248759

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BUN (Blood Urea Nitrogen) <small>GLDH</small>	L 7.3	mg/dL	8.40 - 25.70	
Creatinine	0.53	mg/dL	0.50 - 1.50	
Uric Acid <small>Uncase</small>	3.91	mg/dL	3.5 - 7.2	

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

Dr. Shreya Shah  
M.D. (Pathologist)

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## LABORATORY REPORT



Name : SHANKARBHAI K PATEL  
Ref.By : HOSPITAL  
Bill. Loc. : Aashka hospital  
Sex/Age : Male / 58 Years  
Dis. At :  
Case ID : 31202200688  
Pt. ID : 3234982  
Pl. Loc. :

Reg Date and Time : 30-Dec-2023 09:43  
Sample Date and Time : 30-Dec-2023 09:43  
Report Date and Time : 30-Dec-2023 10:18  
Sample Type : Whole Blood EDTA  
Sample Coll. By :  
Acc. Remarks : Normal  
Mobile No :  
Ref Id1 : OSP32948  
Ref Id2 : O23248759

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>Glycated Haemoglobin Estimation</b>				
HbA1C	H 9.35		% of total Hb <5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) <small>Calculated</small>	221.64	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-Very Low, L-Low, H-High, HH-Very High ,A-Abnormal)

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Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3234982
Bill. Loc. : Aashka hospital		Pl. Loc :
Reg Date and Time : 30-Dec-2023 09:43	Sample Type : Serum	Mobile No :
Sample Date and Time : 30-Dec-2023 09:43	Sample Coll. By :	Ref Id1 : OSP32948
Report Date and Time : 30-Dec-2023 11:00	Acc. Remarks : Normal	Ref Id2 : O23248759

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>Thyroid Function Test</b>				
Triiodothyronine (T3)	118.43	ng/dL	40 - 181	
Thyroxine (T4) <small>CMA</small>	8.80	ng/dL	4.87 - 11.72	
TSH <small>CMA</small>	1.55	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), PRTH 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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 Reg Date and Time : 30-Dec-2023 09:43      Sample Type : Serum      Mobile No :  
 Sample Date and Time : 30-Dec-2023 09:43      Sample Coll. By :      Ref Id1 : OSP32948  
 Report Date and Time : 30-Dec-2023 11:00      Acc. Remarks : Normal      Ref Id2 : O23248759

**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

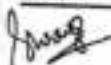
	T3	T4	TSH
Normal Thyroid function	N	N	N
Primary Hyperthyroidism	↑	↑	↓
Secondary Hyperthyroidism	↑	↑	↑
Grave's Thyroiditis	↑	↑	↑
T3 Thyrotoxicosis	↑	N	N/↓
Primary Hypothyroidism	↓	↓	↑
Secondary Hypothyroidism	↓	↓	↓
Subclinical Hypothyroidism	N	N	↑
Patient on treatment	N	N/↑	↓

Pending Services  
 Prostate Specific Antigen level

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)

Printed On : 30-Dec-2023 14:33

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PATIENT NAME: SHANKARBHAI K PATEL  
GENDER/AGE: Male / 58 Years  
DOCTOR: DR. HASIT JOSHI  
OPDNO: OSP32948

DATE: 30/12/23

**2D-ECHO**

MITRAL VALVE	> SCLEROSED	
AORTIC VALVE	: SCLEROSED	
TRICUSPID VALVE	: NORMAL	
PULMONARY VALVE	: NORMAL	
AORTA	: 34mm	
LEFT ATRIUM	: 38mm	
LV Dd / Ds	: 40/30mm	EF 52%
IVS / LVPW / D	: 13/12mm	CONCENTRIC LVH
IVS	: INTACT	
IAS	: INTACT	
RA	: NORMAL	
RV	: NORMAL	
PA	: NORMAL	
PERICARDIUM	: NORMAL	
VEL	: PEAK	MEAN
M/S	: Gradient mm Hg	Gradient mm Hg
MITRAL	: 0.7/0.8m/s	
AORTIC	: 1.6m/s	
PULMONARY	: 1.2m/s	
COLOUR DOPPLER	: MILD MR/TR	
RVSP	: 30mmHg	
CONCLUSION	: CONCENTRIC LVH; FAIR LV FUNCTION; REDUCED LV COMPLIANCE;	

ADV: TMT/ CAG



CARDIOLOGIST  
DR. HASIT JOSHI (9825012235)



SHANKAR BHAI

30.12.2023 12:32:21 PM  
AGARKA HOSPITAL LTD.  
SARGASAN  
GANDHINAGAR

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

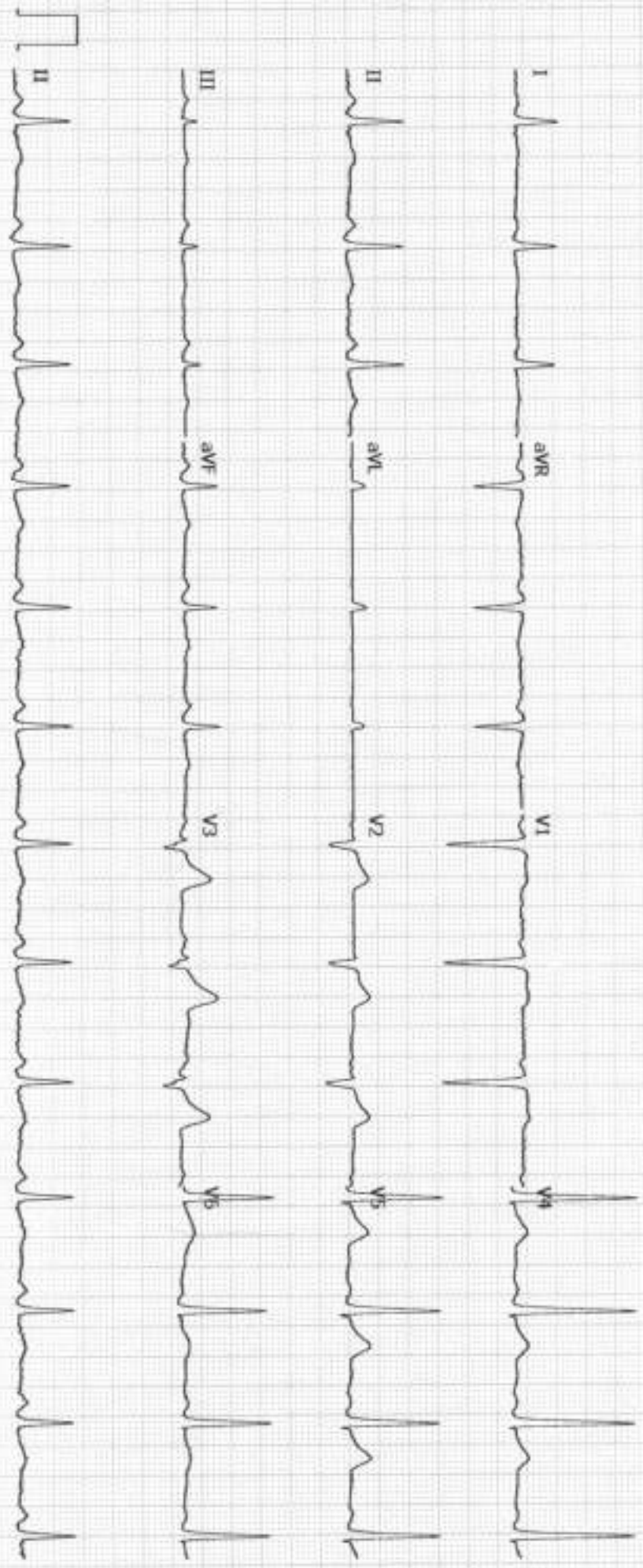
Room:

76 bpm  
- / - mmHg

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 88 ms  
QT / QTcBaz : 386 / 434 ms  
PR : 140 ms  
P : 98 ms  
RR / PP : 790 / 789 ms  
P / QRS / T : 64 / 48 / 65 degrees

Normal sinus rhythm  
Normal ECG



30.12.2023 12:34:05 PM  
AGSIKA HOSPITAL, LTD.  
SARGASAI  
GAWDHENACAR

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

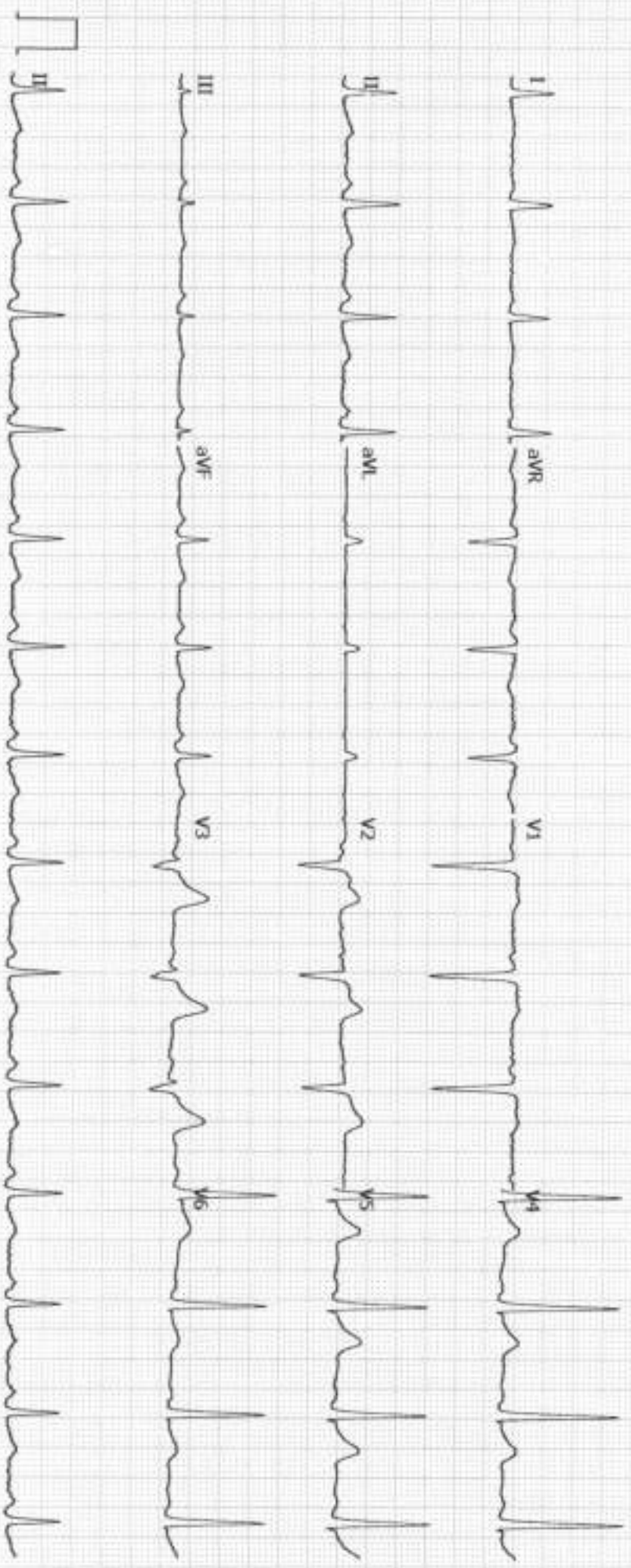
Room:

81 bpm  
- / - mmHg

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 86 ms  
QT / QTcBaz : 382 / 443 ms  
PR : 146 ms  
P : 102 ms  
RR / PP : 742 / 740 ms  
P / QRS / T : 68 / 45 / 61 degrees

Normal sinus rhythm  
Normal ECG



PATIENT NAME: SHANKARBHAI K PATEL

GENDER/AGE: Male / 58 Years

DATE: 30/12/23

DOCTOR:

OPDNO: OSP32948

### 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. SNEHA PRAJAPATI  
CONSULTANT RADIOLOGIST

REPORT REPORT REPORT

PATIENT NAME: SHANKARBHAI K PATEL

GENDER/AGE: Male / 58 Years

DATE: 30/12/23

DOCTOR:

OPDNO: OSP32948

## 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 10.1 x 4.4 cms in size.  
Left kidney measures about 10.0 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 90 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 18 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

REPORT

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

<b>UHID:</b> 058 32944	<b>Date:</b> 30/12/23	<b>Time:</b> 10:15
<b>Patient Name:</b> Sunil Kumar	<b>Age / Sex:</b> 58 / M	<b>Height:</b>
	<b>Weight:</b>	
<b>History:</b> C10 walking DM last 3-4 months		
<b>Allergy History:</b>		
<b>Nutritional Screening:</b> Well-Nourished / Malnourished / Obese		
<b>Examination:</b> VA of 6124 619 lines with error 6115 6160 nil		
<b>Diagnosis:</b>		refractive error