

**Health Check up Booking Confirmed Request(bobE15028),Package Code-PKG100000475, Beneficiary Code-308058**

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

Wed 13-03-2024 14:11

To:monali.chhatravala@gmail.com <monali.chhatravala@gmail.com>  
Cc:Customer Care :Mediwheel : New Delhi <customercare@mediwheel.in>



**Mediwheel**  
...Your wellness partner

**011-41195959**

**Dear MRS. ZOLAPARA MONALI BHAGVAT,**

We are pleased to confirm your health checkup booking request with the following details.

**Hospital Package Name** : Mediwheel Full Body Health Checkup Female Below 40

**Patient Package Name** : Mediwheel Full Body Health Checkup Female Below 40

**Name of Diagnostic/Hospital** : Aashka Multispeciality Hospital

**Address of Diagnostic/Hospital** : Between Sargassan & Reliance Cross Road, Gandhinagar  
-0382421

**City** : Gandhi Nagar

**State** :

**Pincode** : 382421

**Appointment Date** : 23-03-2024

**Confirmation Status** : Booking Confirmed

**Preferred Time** : 8:30am

**Booking Status** : Booking Confirmed

Member Information	
Booked Member Name	Age
MRS. ZOLAPARA MONALI BHAGVAT	33 year
	Gender
	Female

**Note - Please note to not pay any amount at the center.**

**Instructions to undergo Health Check:**

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



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



**aashka**  
H O S P I T A L



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

UHID:	OSP 33589	Date:	23-03-24	Time:	10:50.
Patient Name:	Monali	Age / Sex:		Height:	153
				Weight:	68.9
History:	Compy Mother about. P.H. - gaur best DM 1st 6 months				
Allergy History:					
Nutritional Screening:	Well-Nourished / Mainourished / Obese				
Examination:	NR 26/18 6/18 VRC com 6/16 6/16 puff				
Diagnosis:	Good vision - normal Refraction com				

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	-1.25	-	-	-	-	1.50
N						

Other Advice:

use gulliver,

Follow-up:

Consultant's Sign:



Name: monali zolapya Age: 33 F.

Complaints: none

No of deliveries: 2. F1885 / NO of 3 read  
Last Delivery: 02/ June '23.  
LD: galera.

History of abortion: —

H/O medical conditions associated:

Last abortions: —

DM	<u>—</u>
HTN	<u>—</u>
Thyroid	<u>—</u>

— in pregnancy  
for 2 days.

MH: 1 receipt Reg:

LMP: 6/3/24

P/A:

P/S:

P/V:

80%  
Pap test  
op (C) infected (A)

Sample:-

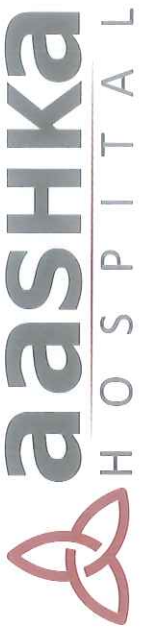
Vagina	<input type="checkbox"/>
Cervix	<input checked="" type="checkbox"/>

Doctors Sign:- Subodh



**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. SEJAL J AMIN**  
**B.D.S, M.D.S (PERIODONTIST)**  
**IMPLANTOLOGIST**  
**REG NO: A-12942**

<b>UHID:</b>	OSP 33589	<b>Date:</b>	23/3/24	<b>Time:</b>	
<b>Patient Name:</b>	Momeni B. Zolaypori	<b>Age / Sex:</b>	33 / F	<b>Height:</b>	
		<b>Weight:</b>			
<b>Chief Complain:</b>					
<b>History:</b>	Routine dental check up				
<b>Allergy History:</b>					
<b>Nutritional Screening:</b>	Well-Nourished / Malnourished / Obese				
<b>Examination:</b>					
<b>Extra oral :</b>					
<b>Intra oral – Teeth Present :</b>	Skin + Cervical +				
<b>Teeth Absent :</b>	Impacted 4 teeth → 8				
<b>Diagnosis:</b>					

Rx						
No	Dosage Form	Name of drug (IN BLOCK LETTERS ONLY)	Dose	Route	Frequency	Duration
①		chlorhexidine mouth wash			→	①
		(Fes gargula)				

Other Advice:

→ Extn of +8

→ Scaling

Follow-up:

Consultant's Sign:

*[Signature]*



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. MAULIK VYAS

M.B.B.S., D.T.C.D., T.D.D.  
Reg.no: G-0749

## CHEST PHYSICIAN, ALLERGY SPECIALIST and INTERVENTIONAL PULMONOLOGIST

NAME: **MONALI B. ZOLAPARA.** Date: **23/3/2024.**  
 AGE: **33yrs.** SEX: **F.** Pulse = **80/min**  
 Height:  Weight:  B.P. = **120/80mm Hg.**  
 Chief Complaints: **No fresh complaints.** R.R. = **20/min.**  
 Spo2 = **99%.** Temp. = **(NI).**

Body built / Nutritional status: **OK.**  
 Any known allergies: **None.**  
 K/C/O: **(ON/OFF) - DM-II, HTN, Thyroid, Hyperlipidemia, Asthma, COPD, TB, Cancer, ILD, etc.**  
 Sleep cycle: **(NI).**  
 E.C.G.: **(NI).**

Provisional Diagnosis: **"FIT FOR DUTY"**

\*General Examination: -

- Lymph node enlargement: **(NI).**

\*On Examination:-

-Breath sounds: **Normal Breath sound / Wheezing/Crackles/Stridor/Rhonchi/Plural friction rub.**

- Chest movements: **(NI)**

Rx,

**1. Life style modification.**

**2. Follow up.**

**3. "FIT FOR DUTY"**

- Air entry: **AE = BR.**

*M.B. N. S. G. V.*  
**mob: 9923650286.**

**Advices:**

- 1) Chest X ray (PA),
- 2) USG Abdomen ,
- 3) HRCT thorax (P) / Contrast,
- 4) Skin Prick test for allergy / Allergy Screening Tests (By IMMUNO-E.A)
- 5) Pulmonary Function Test (PFT) with /without DLCO,
- 6) Bronchoscopy (Flexible / Rigid),
- 7) Plural fluid examination (Biochemical / Hematological / Bacteriological/TB-fungal culture/ Cytological),
- 8) Sputum Examination (Routine / Microscopic / Microbiological),
- 9) Blood investigations:-
  - CBC, PS For MP, CRP, ESR, SGPT, S. Creatinine, S.electrolytes, HIV, HBsAg, Dengue NS1, Urine(R/M) , Widal test, VDRL test, Liver Function test , Kidney Function test, Lipid profile, Thyroid profile (T3,T4,TSH).
  - ABC (Arterial blood gas),
  - D- Dimmer level,
  - Procalcitonin level,
- \*Tumor markers :-
  - CEA (carcinoembryonic antigen),
  - Neuron specific enolase (NSE) ( Small cell carcinoma),
  - SCC( Squamous cell carcinoma antigen ),
  - Mesothelin (Malignant mesothelioma),
- 10) Follow up after      days/months.
- 11) Inform SOS.
- 12) Admission.

Dr. Manik Vyas

23.03.2024 11:39:53 AM  
AASHKA HOSPITAL LTD.  
SARGASAN  
GANDHINAGAR

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

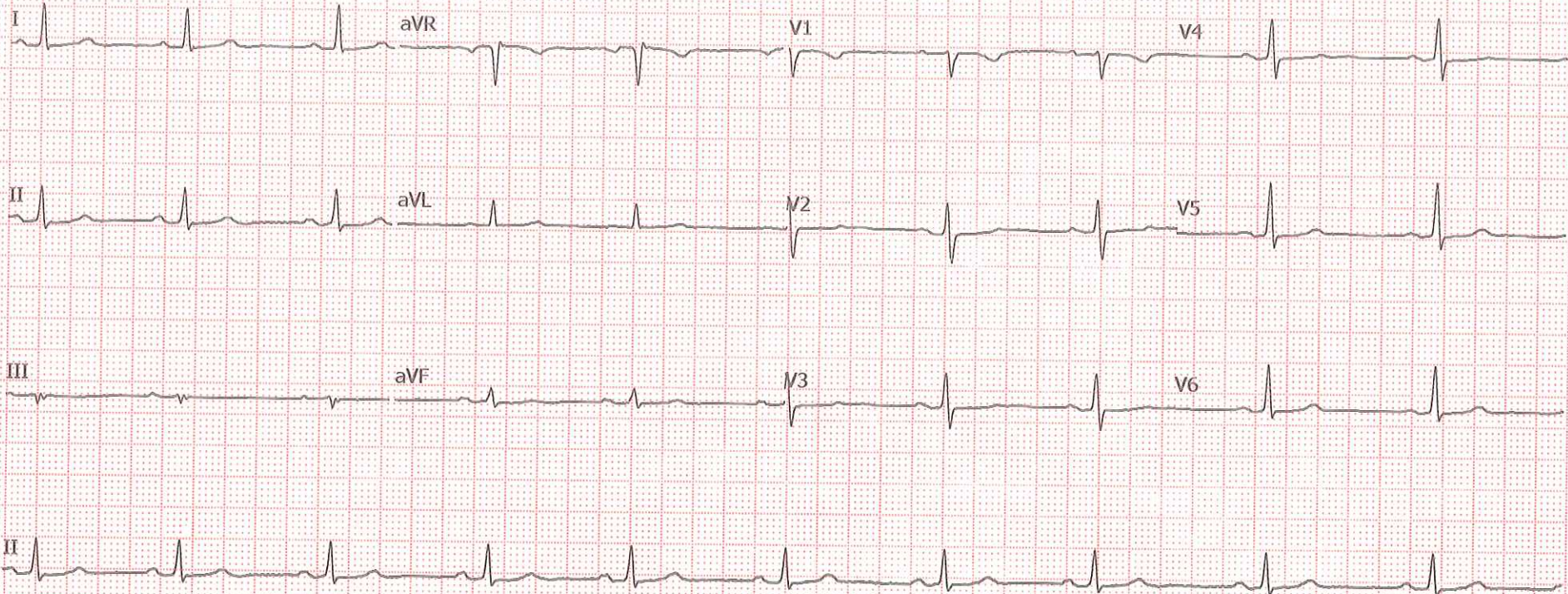
Room:

60 bpm  
-- mmHg

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 80 ms  
QT / QTcBaz : 390 / 390 ms  
PR : 176 ms  
P : 112 ms  
RR / PP : 994 / 1000 ms  
P / QRS / T : 45 / 19 / 17 degrees

Normal sinus rhythm  
Normal ECG







## LABORATORY REPORT



Name : **MONALI ZOLAPARA**

Sex/Age : **Female/ 33 Years**

Case ID : **40302200640**

Ref.By : **HOSPITAL**

Dis. At :

Pt. ID : **3455353**

Bill. Loc. : **Aashka hospital**

Pt. Loc :

Reg Date and Time : **23-Mar-2024 10:31** Sample Type :

Mobile No :

Sample Date and Time : **23-Mar-2024 10:31** Sample Coll. By :

Ref Id1 : **OSP33589**

Report Date and Time : Acc. Remarks : **Normal**

Ref Id2 : **O232411332**

### Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
<b>Blood Glucose Fasting &amp; Postprandial</b>			
Plasma Glucose - F	<b>190.84</b>	mg/dL	70.0 - 100
Plasma Glucose - PP	<b>370.95</b>	mg/dL	70.0 - 140.0
<b>Glyco Hemoglobin (HbA1c)</b>			
HbA1C	<b>9.92</b>	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes
<b>Haemogram (CBC)</b>			
Haemoglobin	<b>11.1</b>	G%	12.0 - 15.0
RBC (Electrical Impedance)	<b>5.02</b>	millions/cu mm	3.80 - 4.80
PCV(Calc)	<b>34.64</b>	%	36.00 - 46.00
MCV (RBC histogram)	<b>69.0</b>	fL	83.00 - 101.00
MCH (Calc)	<b>22.0</b>	pg	27.00 - 32.00
<b>Lipid Profile</b>			
HDL Cholesterol	<b>46.0</b>	mg/dL	48 - 77
LDL Cholesterol	<b>102.20</b>	mg/dL	0.00 - 100.00

### Abnormal Result(s) Summary End

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





## LABORATORY REPORT

Name : **MONALI ZOLAPARA**

Ref.By : **HOSPITAL**

Bill. Loc. : **Aashka hospital**

Sex/Age : **Female/ 33 Years**

Dis. At :

Pt. Loc :

Reg Date and Time : **23-Mar-2024 10:31** Sample Type : **Whole Blood EDTA**

Sample Date and Time : **23-Mar-2024 10:31** Sample Coll. By :

Report Date and Time : **23-Mar-2024 10:48** Acc. Remarks : **Normal**

Mobile No :

Ref Id1 : **OSP33589**

Ref Id2 : **O232411332**

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
------	---------	------	--------------------------	---------

### HAEMOGRAM REPORT

#### HB AND INDICES

Haemoglobin	L	11.1	G%	12.0 - 15.0
RBC (Electrical Impedance)	H	5.02	millions/cumm	3.80 - 4.80
PCV(Calc)	L	34.64	%	36.00 - 46.00
MCV (RBC histogram)	L	69.0	fL	83.00 - 101.00
MCH (Calc)	L	22.0	pg	27.00 - 32.00
MCHC (Calc)		31.9	gm/dL	31.50 - 34.50
RDW (RBC histogram)		13.70	%	11.00 - 16.00

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

Total WBC Count	6700	/μL	4000.00 - 10000.00
Neutrophil	[%] 60.0	%	EXPECTED VALUES 40.00 - 70.00 [Abs] 4020 /μL 2000.00 - 7000.00
Lymphocyte	32.0	%	20.00 - 40.00 2144 /μL 1000.00 - 3000.00
Eosinophil	3.0	%	1.00 - 6.00 201 /μL 20.00 - 500.00
Monocytes	5.0	%	2.00 - 10.00 335 /μL 200.00 - 1000.00
Basophil	0.0	%	0.00 - 2.00 0 /μL 0.00 - 100.00

#### PLATELET COUNT (Optical)

Platelet Count	280000	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	1.88		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.

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



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

Page 2 of 13

Printed On : 23-Mar-2024 15:02









## LABORATORY REPORT



Name : MONALI ZOLAPARA

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 33 Years

Case ID : 40302200640

Dis. At :

Pt. ID : 3455353

Pt. Loc :

Reg Date and Time : 23-Mar-2024 10:31

Sample Type : Whole Blood EDTA

Sample Date and Time : 23-Mar-2024 10:31

Sample Coll. By :

Mobile No :

Report Date and Time : 23-Mar-2024 11:21

Acc. Remarks : Normal

Ref Id1 : OSP33589

Ref Id2 : O232411332

### TEST

RESULTS

UNIT

BIOLOGICAL REF RANGE

REMARKS

ESR

08

mm after 1hr 3 - 20

*Westergren Method*

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

Dr. Shreya Shah  
M.D. (Pathologist)

Page 3 of 13

Printed On : 23-Mar-2024 15:02



Neuberg Diagnostics Private Limited





## LABORATORY REPORT



Name : MONALI ZOLAPARA

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 33 Years

Dis. At :

Case ID : 40302200640

Pt. ID : 3455353

Pt. Loc :

Reg Date and Time : 23-Mar-2024 10:31

Sample Type : Whole Blood EDTA

Mobile No :

Sample Date and Time : 23-Mar-2024 10:31

Sample Coll. By :

Ref Id1 : OSP33589

Report Date and Time : 23-Mar-2024 10:48

Acc. Remarks : Normal

Ref Id2 : O232411332

### TEST

### RESULTS UNIT BIOLOGICAL REF RANGE

### REMARKS

#### HAEMATOTOLOGY INVESTIGATIONS

#### BLOOD GROUP AND RH TYPING (Erythrocyte Magnetized Technology) (Both Forward and Reverse Group )

ABO Type

A

Rh Type

POSITIVE

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

Dr. Shreya Shah

M.D. (Pathologist)

Page 4 of 13

Printed On : 23-Mar-2024 15:02



#### Neuberg Diagnostics Private Limited

Laboratory : "KEDAR" Opposite Krupa Petrol Pump, Near Parimal Garden,  
Ahmedabad - 380006 ☎ 079-40408181 / 61618181

Regd. Office : Plot No. 7, Industrial Estate, Rajiv Gandhi Salai, Perungudi,  
Chennai - 600096, Tamil Nadu, India. | CIN - UB5300TN2017PTC114099  
✉ contact@neubergsupratech.com 🌐 www.neubergsupratech.com





## LABORATORY REPORT



Name : MONALI ZOLAPARA

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 33 Years

Case ID : 40302200640

Dis. At :

Pt. ID : 3455353

Pt. Loc :

Reg Date and Time : 23-Mar-2024 10:31

Sample Type : Plasma Fluoride F, Plasma Fluoride PP

Mobile No :

Sample Date and Time : 23-Mar-2024 10:31

Sample Coll. By :

Ref Id1 : OSP33589

Report Date and Time : 23-Mar-2024 15:00

Acc. Remarks : Normal

Ref Id2 : O232411332

REMARKS

TEST

RESULTS UNIT BIOLOGICAL REF RANGE

### BIOCHEMICAL INVESTIGATIONS

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

Plasma Glucose - F	H	190.84	mg/dL	70.0 - 100
Plasma Glucose - PP <i>Photometric, Hexokinase</i>	H	370.95	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 glucoseeer guidelines

>=126 mg/dL: Probability of Diabetes, Confirm as per guidelines

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

Dr. Shreya Shah

M.D. (Pathologist)

Page 5 of 13

Printed On : 23-Mar-2024 15:02







## LABORATORY REPORT



Name : **MONALI ZOLAPARA**

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 33 Years

Dis. At :

Pt. Loc :

Case ID : 40302200640

Pt. ID : 3455353

Mobile No :

Reg Date and Time : 23-Mar-2024 10:31 Sample Type : Whole Blood EDTA

Sample Date and Time : 23-Mar-2024 10:31 Sample Coll. By :

Ref Id1 : OSP33589

Report Date and Time : 23-Mar-2024 11:03 Acc. Remarks : Normal

Ref Id2 : O232411332

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

### Glycated Haemoglobin Estimation

HbA1C	H 9.92	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	238.00	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)

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

Page 6 of 13

Printed On : 23-Mar-2024 15:02



**Neuberg Diagnostics Private Limited**

Laboratory : "KEDAR" Opposite Krupa Petrol Pump, Near Parimal Garden, Ahmedabad - 380006 | 079-40408181 / 61618181 | contact@neubergsupratech.com | www.neubergsupratech.com  
Regd. Office : Plot No. 7, Industrial Estate, Rajiv Gandhi Salai, Perungudi, Chennai - 600096, Tamil Nadu, India. | CIN - U85300TN2017PTC114099







## LABORATORY REPORT



Name : **MONALI ZOLAPARA**

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 33 Years

Dis. At :

Case ID : 40302200640

Pt. ID : 3455353

Pt. Loc :

Reg Date and Time : 23-Mar-2024 10:31

Sample Type : Serum

Sample Date and Time : 23-Mar-2024 10:31

Mobile No :

Report Date and Time : 23-Mar-2024 12:52

Acc. Remarks : Normal

Ref Id1 : OSP33589

Ref Id2 : O232411332

### TEST

RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

### BIOCHEMICAL INVESTIGATIONS

#### Lipid Profile

<b>Cholesterol</b> <i>Colorimetric, CHOD-POD</i>	159.49	mg/dL	110 - 200
<b>HDL Cholesterol</b>	L 46.0	mg/dL	48 - 77
<b>Triglyceride</b> <i>Glycerol Phosphate Oxidase</i>	56.47	mg/dL	<150
<b>VLDL</b> <i>Calculated</i>	11.29	mg/dL	10 - 40
<b>Chol/HDL</b> <i>Calculated</i>	3.47		0 - 4.1
<b>LDL Cholesterol</b> <i>Calculated</i>	H 102.20	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

- LDL Cholesterol level is primary goal for treatment and varies with risk category and assessment
- 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 assessment

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



**Dr. Shreya Shah**

M.D. (Pathologist)

Printed On : 23-Mar-2024 15:02

Page 7 of 13



STATE OF CALIFORNIA

County of ...

...

...

...

...

...

...

...

...

...

...

...

...



## LABORATORY REPORT



Name : **MONALI ZOLAPARA**

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 33 Years

Dis. At :

Case ID : 40302200640

Pt. ID : 3455353

Pt. Loc :

Reg Date and Time : 23-Mar-2024 10:31 Sample Type : Serum

Sample Date and Time : 23-Mar-2024 10:31 Sample Coll. By :

Mobile No :

Report Date and Time : 23-Mar-2024 12:52 Acc. Remarks : Normal

Ref Id1 : OSP33589

Ref Id2 : O232411332

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

### BIOCHEMICAL INVESTIGATIONS

#### Liver Function Test

<b>S.G.P.T.</b> <i>UV with P5P</i>	14.92	U/L	14 - 59	
<b>S.G.O.T.</b> <i>UV with P5P</i>	17.68	U/L	15 - 37	
<b>Alkaline Phosphatase</b> <i>Enzymatic, PNPP-AMP</i>	104.76	U/L	46 - 116	
<b>Gamma Glutamyl Transferase</b> <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate</i>	14.33	U/L	0 - 38	
<b>Proteins (Total)</b> <i>Colorimetric, Biuret</i>	7.66	gm/dL	6.40 - 8.30	
<b>Albumin</b> <i>Bromocresol purple</i>	4.56	gm/dL	3.4 - 5	
<b>Globulin</b> <i>Calculated</i>	3.10	gm/dL	2 - 4.1	
<b>A/G Ratio</b> <i>Calculated</i>	1.5		1.0 - 2.1	
<b>Bilirubin Total</b> <i>Photometry</i>	0.68	mg/dL	0.3 - 1.2	
<b>Bilirubin Conjugated</b> <i>Diazotization reaction</i>	0.35	mg/dL	0 - 0.50	
<b>Bilirubin Unconjugated</b> <i>Calculated</i>	0.33	mg/dL	0 - 0.8	

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



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

Page 8 of 13

Printed On : 23-Mar-2024 15:02



# CONTRIBUTIONS OF REPORTING

The first step in the reporting process is the identification of the problem. This is done by the reporting officer who is responsible for the area in which the problem has occurred. The reporting officer should be trained to recognize the signs and symptoms of a problem and to report them immediately to the appropriate authority.

The second step is the investigation of the problem. This is done by the reporting officer and the appropriate authority. The investigation should be thorough and should take into account all possible causes of the problem. The reporting officer should provide a detailed report of the investigation to the appropriate authority.

The third step is the implementation of corrective action. This is done by the reporting officer and the appropriate authority. The corrective action should be designed to eliminate the cause of the problem and to prevent its recurrence. The reporting officer should provide a detailed report of the corrective action to the appropriate authority.

The fourth step is the evaluation of the reporting process. This is done by the reporting officer and the appropriate authority. The evaluation should take into account the effectiveness of the reporting process and the quality of the reporting officer's work. The reporting officer should provide a detailed report of the evaluation to the appropriate authority.

The fifth step is the dissemination of information. This is done by the reporting officer and the appropriate authority. The information should be disseminated to all relevant parties in order to ensure that they are aware of the problem and the corrective action that has been taken. The reporting officer should provide a detailed report of the dissemination of information to the appropriate authority.

The sixth step is the monitoring of the reporting process. This is done by the reporting officer and the appropriate authority. The monitoring should ensure that the reporting process is being followed and that the reporting officer is providing accurate and timely reports. The reporting officer should provide a detailed report of the monitoring to the appropriate authority.

Project Number
1000000001
1000000002
1000000003
1000000004
1000000005
1000000006
1000000007
1000000008
1000000009
1000000010
1000000011
1000000012
1000000013
1000000014
1000000015
1000000016
1000000017
1000000018
1000000019
1000000020
1000000021
1000000022
1000000023
1000000024
1000000025
1000000026
1000000027
1000000028
1000000029
1000000030
1000000031
1000000032
1000000033
1000000034
1000000035
1000000036
1000000037
1000000038
1000000039
1000000040
1000000041
1000000042
1000000043
1000000044
1000000045
1000000046
1000000047
1000000048
1000000049
1000000050
1000000051
1000000052
1000000053
1000000054
1000000055
1000000056
1000000057
1000000058
1000000059
1000000060
1000000061
1000000062
1000000063
1000000064
1000000065
1000000066
1000000067
1000000068
1000000069
1000000070
1000000071
1000000072
1000000073
1000000074
1000000075
1000000076
1000000077
1000000078
1000000079
1000000080
1000000081
1000000082
1000000083
1000000084
1000000085
1000000086
1000000087
1000000088
1000000089
1000000090
1000000091
1000000092
1000000093
1000000094
1000000095
1000000096
1000000097
1000000098
1000000099
1000000100

Contract Number
1000000001
1000000002
1000000003
1000000004
1000000005
1000000006
1000000007
1000000008
1000000009
1000000010
1000000011
1000000012
1000000013
1000000014
1000000015
1000000016
1000000017
1000000018
1000000019
1000000020
1000000021
1000000022
1000000023
1000000024
1000000025
1000000026
1000000027
1000000028
1000000029
1000000030
1000000031
1000000032
1000000033
1000000034
1000000035
1000000036
1000000037
1000000038
1000000039
1000000040
1000000041
1000000042
1000000043
1000000044
1000000045
1000000046
1000000047
1000000048
1000000049
1000000050
1000000051
1000000052
1000000053
1000000054
1000000055
1000000056
1000000057
1000000058
1000000059
1000000060
1000000061
1000000062
1000000063
1000000064
1000000065
1000000066
1000000067
1000000068
1000000069
1000000070
1000000071
1000000072
1000000073
1000000074
1000000075
1000000076
1000000077
1000000078
1000000079
1000000080
1000000081
1000000082
1000000083
1000000084
1000000085
1000000086
1000000087
1000000088
1000000089
1000000090
1000000091
1000000092
1000000093
1000000094
1000000095
1000000096
1000000097
1000000098
1000000099
1000000100

The seventh step is the reporting of the results of the investigation and corrective action. This is done by the reporting officer and the appropriate authority. The reporting officer should provide a detailed report of the results to the appropriate authority. The appropriate authority should then disseminate the information to all relevant parties.

The eighth step is the evaluation of the reporting process. This is done by the reporting officer and the appropriate authority. The evaluation should take into account the effectiveness of the reporting process and the quality of the reporting officer's work. The reporting officer should provide a detailed report of the evaluation to the appropriate authority.

The ninth step is the dissemination of information. This is done by the reporting officer and the appropriate authority. The information should be disseminated to all relevant parties in order to ensure that they are aware of the problem and the corrective action that has been taken. The reporting officer should provide a detailed report of the dissemination of information to the appropriate authority.

The tenth step is the monitoring of the reporting process. This is done by the reporting officer and the appropriate authority. The monitoring should ensure that the reporting process is being followed and that the reporting officer is providing accurate and timely reports. The reporting officer should provide a detailed report of the monitoring to the appropriate authority.



## LABORATORY REPORT



Name : MONALI ZOLAPARA

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 33 Years

Dis. At :

Case ID : 40302200640

Pt. ID : 3455353

Pt. Loc :

Reg Date and Time : 23-Mar-2024 10:31

Sample Type : Serum

Mobile No :

Sample Date and Time : 23-Mar-2024 10:31

Sample Coll. By :

Ref Id1 : OSP33589

Report Date and Time : 23-Mar-2024 12:52

Acc. Remarks : Normal

Ref Id2 : O232411332

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

BUN (Blood Urea Nitrogen)  
GLDH 10.6 mg/dL 7.00 - 18.70

Uric Acid  
Uricase 2.77 mg/dL 2.6 - 6.2

Creatinine 0.60 mg/dL 0.50 - 1.50

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



Dr. Shreya Shah

M.D. (Pathologist)

Page 9 of 13

Printed On : 23-Mar-2024 15:02



Neuberg Diagnostics Private Limited

Laboratory : "KEDAR" Opposite Krupa Petrol Pump, Near Parimal Garden,

Ahmedabad - 380006 ☎ 079-40408181 / 61618181

✉ contact@neubergsupratech.com

Regd. Office : Plot No. 7, Industrial Estate, Rajiv Gandhi Salai, Perungudi,

Chennai - 600096, Tamil Nadu, India. | CIN - U85300TN2017PTC114099

🌐 www.neubergsupratech.com





## LABORATORY REPORT

Name : **MONALI ZOLAPARA**

Ref.By : **HOSPITAL**

Bill. Loc. : **Aashka hospital**

Sex/Age : **Female/ 33 Years**

Case ID : **40302200640**

Dis. At :

Pt. ID : **3455353**

Pt. Loc :

Reg Date and Time : **23-Mar-2024 10:31** Sample Type : **Serum**

Sample Date and Time : **23-Mar-2024 10:31** Sample Coll. By :

Mobile No :

Report Date and Time : **23-Mar-2024 11:41** Acc. Remarks : **Normal**

Ref Id1 : **OSP33589**

Ref Id2 : **O232411332**

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

### Thyroid Function Test

Triiodothyronine (T3)	96.24	ng/dL	70 - 204	
Thyroxine (T4) C/M/A	6.56	ng/dL	4.87 - 11.72	
TSH C/M/A	3.97	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), 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)

**Dr. Shreya Shah**

M.D. (Pathologist)

Page 10 of 13

Printed On : 23-Mar-2024 15:02



**Neuberg Diagnostics Private Limited**

Laboratory : "KEDAR" Opposite Krupa Peirrol Pump, Near Parimal Garden,

Ahmedabad - 380006 ☎ 079-40408181 / 61618181

✉ contact@neubergsupratech.com

Regd. Office : Plot No. 7, Industrial Estate, Rajiv Gandhi Salai, Perungudi,  
Chennai - 600096, Tamil Nadu, India. | CIN - U85300TN2017PTC114099

www.neubergsupratech.com







## LABORATORY REPORT

Name : **MONALI ZOLAPARA**

Sex/Age : **Female/ 33 Years** Case ID : **40302200640**

Ref.By : **HOSPITAL**

Dis. At :

Bill. Loc. : **Aashka hospital**

Pt. ID : **3455353**

Pt. Loc :

Reg Date and Time : **23-Mar-2024 10:31** Sample Type : **Serum**

Mobile No :

Sample Date and Time : **23-Mar-2024 10:31** Sample Coll. By :

Ref Id1 : **OSP33589**

Report Date and Time : **23-Mar-2024 11:41** Acc. Remarks : **Normal**

Ref Id2 : **O232411332**

**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, suppressed s-TSH provides a physiologic indicator of the functional level of thyroid hormone activity. Increased s-TSH indicates inadequate thyroid hormone, and 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 hypothyroid patients, hypothyroidism 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

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 Hypothyroidism	↑	↑	↓
Secondary Hypothyroidism	↑	↑	↑
Grave's Thyroiditis	↑	↑	N/↓
T3 Thyrotoxicosis	↓	↓	↑
Primary Hypothyroidism	↓	↓	↓
Secondary Hypothyroidism	N	N	↑
Subclinical Hypothyroidism	N	N/↑	↓
Patient on treatment	N		↓

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

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

Printed On : 23-Mar-2024 15:02

Page 11 of 13



**Neuberg Diagnostics Private Limited**

Laboratory : "KEDAR" Opposite Krupa Petrol Pump, Near Parimal Garden, Ahmedabad - 380006 | 079-40408181 / 61618181 | contact@neubergsupratech.com

Regd. Office : Plot No. 7, Industrial Estate, Rajiv Gandhi Salai, Perungudi, Chennai - 600096, Tamil Nadu, India. | CIN - U85300TN2017PTC114099 | www.neubergsupratech.com





## LABORATORY REPORT



Name : **MONALI ZOLAPARA**

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 33 Years

Dis. At :

Case ID : 40302200640

Pt. ID : 3455353

Pt. Loc :

Reg Date and Time : 23-Mar-2024 10:31

Sample Type : Spot Urine

Mobile No :

Sample Date and Time : 23-Mar-2024 10:31

Sample Coll. By :

Ref Id1 : OSP33589

Report Date and Time : 23-Mar-2024 10:48

Acc. Remarks : Normal

Ref Id2 : O232411332

### TEST

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 : >1.025

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	/µL	Nil
Yeast	Nil	/µL	Nil
Cast	Nil	/HPF	Nil
Crystals	Nil	/HPF	Nil

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

Dr. Shreya Shah

M.D. (Pathologist)

Page 12 of 13

Printed On : 23-Mar-2024 15:02



Neuberg Diagnostics Private Limited

Laboratory : "KEDAR" Opposite Krupa Petrol Pump, Near Parimal Garden, Ahmedabad - 380006 | 079-40408181 / 61618181 | contact@neubergsupratech.com

Regd. Office : Plot No.7, Industrial Estate, Rajiv Gandhi Salai, Perungudi, Chennai - 600096, Tamil Nadu, India. | CIN - U85300TN2017PTCT114099 | www.neubergsupratech.com

CONTENTS OF REPORT

1. Introduction

2. Objectives

3. Methodology

4. Results

5. Discussion

6. Conclusion

Appendix A

1. Data Table 1

2. Data Table 2

3. Data Table 3

4. Data Table 4

5. Data Table 5

6. Data Table 6

Appendix B

1. Graph 1

2. Graph 2

3. Graph 3

4. Graph 4

5. Graph 5

6. Graph 6

References

1. Smith, J. (2010). Study on...

Index

Index

1. Introduction



## LABORATORY REPORT

Name : **MONALI ZOLAPARA**

Ref.By : **HOSPITAL**

Bill. Loc. : **Aashka hospital**

Sex/Age : **Female/ 33 Years**

Dis. At :

Case ID : **40302200640**

Pt. ID : **3456353**

Pt. Loc :

Reg Date and Time : **23-Mar-2024 10:31** Sample Type : **Spot Urine**

Sample Date and Time : **23-Mar-2024 10:31** Sample Coll. By :

Mobile No :

Report Date and Time : **23-Mar-2024 10:48** Acc. Remarks : **Normal**

Ref Id1 : **OSP33589**

Ref Id2 : **O232411332**

Parameter	Unit	Expected value	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	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	-	-	-	-	-

----- 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)

Page 13 of 13

Printed On : 23-Mar-2024 15:02



**Neuberg Diagnostics Private Limited**

Laboratory : "KEDAR" Opposite Krupa Petrol Pump, Near Parimal Garden, Ahmedabad - 380006 | 079-40408181 / 61618181 | contact@neubergsupratech.com

Regd. Office : Plot No. 7, Industrial Estate, Rajiv Gandhi Salai, Perungudi, Chennai - 600096, Tamil Nadu, India. | CIN - U85300TN2017PTC114099 | www.neubergsupratech.com

# CONTENTS OF REPORTING

The following pages are included in the report and are numbered as follows:

1. Introduction 1

2. Methods 2

3. Results 3

4. Discussion 4

5. Conclusions 5

## CONTENTS

Page	Content
1	Introduction
2	Methods
3	Results
4	Discussion
5	Conclusions
6	References
7	Appendix
8	Index

Page	Content
1	Introduction
2	Methods
3	Results
4	Discussion
5	Conclusions
6	References
7	Appendix
8	Index

The following pages are included in the report and are numbered as follows:

1. Introduction 1

2. Methods 2

3. Results 3

4. Discussion 4

5. Conclusions 5

PATIENT NAME: MONALI BHAGVAT ZOLAPARA

GENDER/AGE: Female / 33 Years

DOCTOR: DR. HASIT JOSHI

OPDNO: OSP33589

DATE: 23/03/24

## 2D-ECHO

MITRAL VALVE	: NORMAL
AORTIC VALVE	: NORMAL
TRICUSPID VALVE	: NORMAL
PULMONARY VALVE	: NORMAL
AORTA	: 31mm
LEFT ATRIUM	: 33mm
LV Dd / Ds	: 41/27mm
IVS / LVPW / D	: 10/9mm
IVS	: INTACT
IAS	: FLOPPY
RA	: NORMAL
RV	: NORMAL
PA	: NORMAL
PERICARDIUM	: NORMAL
VEL	: PEAK MEAN
M/S	: Gradient mm Hg Gradient mm Hg
MITRAL	: 0.9/0.6m/s
AORTIC	: 1.1m/s
PULMONARY	: 1.1m/s
COLOUR DOPPLER	: TRIVIAL MR/TR
RVSP	: 26mmHg
CONCLUSION	: NORMAL LV SIZE / SYSTOLIC FUNCTION.

CARDIOLOGIST

DR. HASIT JOSHI (9825012235)







**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](http://www.aashkahospitals.in)  
CIN: L85110GJ2012PLC072647

 **aashka**  
H O S P I T A L



PATIENT NAME: **MONALI BHAGVAT ZOLAPARA**

GENDER/AGE: **Female / 33 Years**

DOCTOR:

OPDNO: **OSP33589**

DATE: **23/03/24**

### 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



**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

 **aashka**  
H O S P I T A L



**PATIENT NAME: MONALI BHAGVAT ZOLAPARA**

**GENDER/AGE: Female / 33 Years**

**DOCTOR:**

**OPDNO:OSP33589**

**DATE: 23/03/24**

### SONOGRAPHY OF ABDOMEN AND PELVIS

**LIVER:** Liver appears normal in size and shows raised parenchymal echoes suggest fatty liver. 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.

**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:

- Fatty liver grade I.
- Normal sonographic appearance of GB, Pancreas, spleen, kidneys, para-aortic region, bladder and uterus.

**RADIOLOGIST**  
**DR. MEHUL PATELIYA**

