



# Health Check up Booking Confirmed Request(bobE17016),Package Code-PKG10000476, Beneficiary Code-295977

1 message

**Mediwheel** <wellness@mediwheel.in>  
To: k.g.trivedi239@gmail.com  
Cc: customercare@mediwheel.in

Mon, 1 Apr, 2024 at 12:25 pm



**Mediwheel**  
...Your wellness partner

**011-41195959**

Dear **K.g.trivedi**,

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

**Hospital Package Name** : Mediwheel Full Body Health Checkup Male  
Above 40

**Patient Package Name** : Mediwheel Full Body Health Checkup Male  
Above 40

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

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

**City** : Gandhi Nagar

**State** : Gujarat

**Pincode** : 382421

**Appointment Date** : 02-04-2024

**Confirmation Status** : Booking Confirmed

**Preferred Time** : 8:00am-8:30am

**Booking Status** : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
MR. TRIVEDI KRUSHNAKANT GAURISHANK	53 year	Male

**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.

**For Women:**

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

Request you to reach half an hour before the scheduled time.

In case of further assistance, Please reach out to Team Mediwheel.

Thanks,

Mediwheel Team

Please Download Mediwheel App



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Bank of Baroda

K G Trivedi

52560

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Bank of Baroda

Baroda

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

UHID: <u>OSP 33654</u>	Date: <u>02/04/2024</u>	Time:
Patient Name: <u>KRUSHNARANT G. TRIVEDI</u>	Age / Sex: <u>53 / m</u>	Height: <u>174 cm</u>
	Weight: <u>73 kg</u>	
History: c/o Compny Hazy vision Pt have HT 22mm last 2-3 years Pt have glasses 10 years One eye		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination: VU & VOL 6/24P VUC cornea 6/12 2/18 Color vision - normal		
Diagnosis: <u>Refractive error</u>		

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						
N						

**Other Advice:**

*Use glasses*

**Follow-up:**

**Consultant's Sign:**



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

<b>UHID:</b> OSP33654	<b>Date:</b> 2/4/24	<b>Time:</b>
<b>Patient Name:</b> Koushwarkeent	op. Trivadi	<b>Age/Sex:</b> 53/M
		<b>Height:</b> 174
		<b>Weight:</b> 73.
<b>Chief Complain:</b>		
<b>History:</b> patient had undergone hemi maxillary surgery before 24 years.		
<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>	Consider	6/8
<b>Teeth Absent :</b>	- 6 7   1 2 3 4 5	
<b>Diagnosis:</b>		

Rx

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

Other Advice:

→ F.M.P. ~~ist~~

→ Sealing

Follow-up:

Consultant's Sign:

*Syer*

## Dr. MAULIK VYAS

M.B.B.S., D.T.C.D., C.C.P.E.

Registration No: G-0749

### Consulting Physician and Interventional Pulmonologist

NAME: KRUSHAN MANI TRIVEDI,

AGE: 52 yrs SEX: M

Height: Weight:

Chief Complaints:

None.

Body built / Nutritional status: OK.

Any known allergies: None.

K/C/O: DM-II, HTN, Thyroid, Hyperlipidemia, Asthma, COPD, TB, Cancer, ILD, etc.

Date: 2/4/2024.  
Pulse = 84/min  
B.P. = 140/100 mm Hg  
R.R. = 18/min  
Spo2 = 98%  
Temp. = (NI)  
R.B.S. = 129 mg/dl  
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)

- Air entry: AE = BE.



Clubbing: ]

Cyanosis: ] (NI)

Edema: ]

Rx,

Tab. DALAFORD (10) 1 ————— x (1) months.

Adv: (1) life style modification.

(2) Inform self.

(D.T.O.)



## 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-EIA)
- 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).

-ABG (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 ),

✓ 10) Follow up after 5 days/~~months~~.

✓ 11) Inform SOS.

12) Admission.

-Alpha antitrypsin level,

-Total and specific Ig E level ,

-Angiotensin converting enzyme,

-CTFRA 21-1(Non small cell carcinoma),

-Mesothelin (Malignant mesothelioma),

*m. b. v. v. v.*  
Dr. Maulik Vyas

mob: 9923600226.

hrg  
Tab. NEXPRO RD

1 - 10 @ 10 days.



## LABORATORY REPORT



Name : KRUSHKANT G TRIVEDI	Sex/Age : Male / 53 Years	Case ID : 40402200027
Ref.By :	Dis. At :	Pt. ID : 3479946
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 02-Apr-2024 08:36	Sample Type :	Mobile No :
Sample Date and Time : 02-Apr-2024 08:36	Sample Coll. By :	Ref Id1 : OSP33654
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 :

### Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
<b>Blood Glucose Fasting &amp; Postprandial</b>			
Plasma Glucose - F	<u>129.32</u>	mg/dL	70 - 100
Plasma Glucose - PP	<u>207.89</u>	mg/dL	70.0 - 140.0
<b>Glyco Hemoglobin (HbA1c)</b>			
HbA1C	<u>6.10</u>	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes
<b>Haemogram (CBC)</b>			
Lymphocyte	45.0	%	20.00 - 40.00

Abnormal Result(s) Summary End

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

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## LABORATORY REPORT



Name : KRUSHKANT G TRIVEDI	Sex/Age : Male / 53 Years	Case ID : 40402200027
Ref.By :	Dis. At :	Pt. ID : 3479946
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 02-Apr-2024 08:36	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 02-Apr-2024 08:36	Sample Coll. By :	Ref Id1 : OSP33654
Report Date and Time : 02-Apr-2024 09:05	Acc. Remarks : Normal	Ref Id2 :

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

#### HB AND INDICES

Haemoglobin	14.7	G%	13.00 - 17.00
RBC (Electrical Impedance)	4.84	millions/cumm	4.50 - 5.50
PCV(Calc)	43.08	%	40.00 - 50.00
MCV (RBC histogram)	89.0	fL	83.00 - 101.00
MCH (Calc)	30.5	pg	27.00 - 32.00
MCHC (Calc)	34.3	gm/dL	31.50 - 34.50
RDW (RBC histogram)	12.40	%	11.00 - 16.00

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

Total WBC Count	4800	/μL	4000.00 - 10000.00
Neutrophil	[%] 45.0	%	EXPECTED VALUES 40.00 - 70.00
Lymphocyte	H 45.0	%	20.00 - 40.00
Eosinophil	5.0	%	1.00 - 6.00
Monocytes	5.0	%	2.00 - 10.00
Basophil	0.0	%	0.00 - 2.00
			[Abs] 2160
			EXPECTED VALUES /μL 2000.00 - 7000.00
			2160
			/μL 1000.00 - 3000.00
			240
			/μL 20.00 - 500.00
			240
			/μL 200.00 - 1000.00
			0
			/μL 0.00 - 100.00

#### PLATELET COUNT (Optical)

Platelet Count	252000	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	1.00		0.78 - 3.53

#### SMEAR STUDY

RBC Morphology	Normocytic Normochromic RBCs.
WBC Morphology	Lymphocytosis
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)

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## LABORATORY REPORT



Name : **KRUSHKANT G TRIVEDI** Sex/Age : **Male / 53 Years** Case ID : **40402200027**  
Ref.By : Dis. At : Pt. ID : **3479946**  
Bill. Loc. : **Aashka hospital** Pt. Loc :  
Reg Date and Time : **02-Apr-2024 08:36** Sample Type : **Whole Blood EDTA** Mobile No :  
Sample Date and Time : **02-Apr-2024 08:36** Sample Coll. By : Ref Id1 : **OSP33654**  
Report Date and Time : **02-Apr-2024 10:35** Acc. Remarks : **Normal** Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>ESR</b> Westergren Method	<b>12</b>	mm after 1hr	3 - 20	

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

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M.D. (Pathologist)

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## LABORATORY REPORT



Name : KRUSHKANT G TRIVEDI	Sex/Age : Male / 53 Years	Case ID : 40402200027
Ref.By :	Dis. At :	Pt. ID : 3479946
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 02-Apr-2024 08:36	Sample Type : Whole Blood EDTA	Mobile No. :
Sample Date and Time : 02-Apr-2024 08:36	Sample Coll. By :	Ref Id1 : OSP33654
Report Date and Time : 02-Apr-2024 09:04	Acc. Remarks : Normal	Ref Id2 :

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	AB
Rh Type	POSITIVE

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

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M.D. (Pathologist)

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## LABORATORY REPORT



Name : KRUSHKANT G TRIVEDI	Sex/Age : Male / 53 Years	Case ID : 40402200027
Ref.By :	Dis. At :	Pt. ID : 3479946
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 02-Apr-2024 08:36	Sample Type : Plasma Fluoride F, Plasma Fluoride PP	Mobile No :
Sample Date and Time : 02-Apr-2024 08:36	Sample Coll. By :	Ref Id1 : OSP33654
Report Date and Time : 02-Apr-2024 13:16	Acc. Remarks : Normal	Ref Id2 :
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	129.32	mg/dL	70 - 100
<b>Plasma Glucose - PP</b> <i>Photometric, Hexokinase</i>	H	207.89	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)

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M.D. (Pathologist)

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## LABORATORY REPORT



Name : KRUSHKANT G TRIVEDI	Sex/Age : Male / 53 Years	Case ID : 40402200027
Ref.By :	Dis. At :	Pt. ID : 3479946
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 02-Apr-2024 08:36	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 02-Apr-2024 08:36	Sample Coll. By :	Ref Id1 : OSP33654
Report Date and Time : 02-Apr-2024 09:23	Acc. Remarks : Normal	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>Glycated Haemoglobin Estimation</b>				
HbA1C	H 6.10		% of total Hb <5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	128.37	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)

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## LABORATORY REPORT



Name : **KRUSHKANT G TRIVEDI** Sex/Age : **Male / 53 Years** Case ID : **40402200027**  
 Ref.By : Dis. At : Pt. ID : **3479946**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :  
 Reg Date and Time : **02-Apr-2024 08:36** Sample Type : **Serum** Mobile No :  
 Sample Date and Time : **02-Apr-2024 08:36** Sample Coll. By : Ref Id1 : **OSP33654**  
 Report Date and Time : **02-Apr-2024 09:35** Acc. Remarks : **Normal** Ref Id2 :

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

#### Lipid Profile

<b>Cholesterol</b> <i>Colorimetric, CHOD-POD</i>	<b>181.74</b>	mg/dL	110 - 200
<b>HDL Cholesterol</b>	<b>53.3</b>	mg/dL	48 - 77
<b>Triglyceride</b> <i>Glycerol Phosphate Oxidase</i>	<b>143.02</b>	mg/dL	<150
<b>VLDL</b> <i>Calculated</i>	<b>28.60</b>	mg/dL	10 - 40
<b>Chol/HDL</b> <i>Calculated</i>	<b>3.41</b>		0 - 4.1
<b>LDL Cholesterol</b> <i>Calculated</i>	<b>99.84</b>	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 assessment from HDL and Triglycende 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)

**Dr. Shreya Shah**

M.D. (Pathologist)

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### 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 : KRUSHKANT G TRIVEDI	Sex/Age : Male / 53 Years	Case ID : 40402200027
Ref.By :	Dis. At :	Pt. ID : 3479946
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 02-Apr-2024 08:36	Sample Type : Serum	Mobile No :
Sample Date and Time : 02-Apr-2024 08:36	Sample Coll. By :	Ref Id1 : OSP33654
Report Date and Time : 02-Apr-2024 09:35	Acc. Remarks : Normal	Ref Id2 :

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

#### Liver Function Test

<b>S.G.P.T.</b> <i>UV with P5P</i>	<b>37.36</b>	U/L	16 - 63
<b>S.G.O.T.</b> <i>UV with P5P</i>	<b>25.46</b>	U/L	15 - 37
<b>Alkaline Phosphatase</b> <i>Enzymatic, PNPP-AMP</i>	<b>58.72</b>	U/L	46 - 116
<b>Gamma Glutamyl Transferase</b> <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate</i>	<b>49.20</b>	U/L	0 - 55
<b>Proteins (Total)</b> <i>Colorimetric, Biuret</i>	<b>8.30</b>	gm/dL	6.40 - 8.30
<b>Albumin</b> <i>Bromocresol purple</i>	<b>4.64</b>	gm/dL	3.4 - 5
<b>Globulin</b> <i>Calculated</i>	<b>3.66</b>	gm/dL	2 - 4.1
<b>A/G Ratio</b> <i>Calculated</i>	<b>1.3</b>		1.0 - 2.1
<b>Bilirubin Total</b> <i>Photometry</i>	<b>0.67</b>	mg/dL	0.3 - 1.2
<b>Bilirubin Conjugated</b> <i>Diazotization reaction</i>	<b>0.24</b>	mg/dL	0 - 0.50
<b>Bilirubin Unconjugated</b> <i>Calculated</i>	<b>0.43</b>	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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Name : KRUSHKANT G TRIVEDI	Sex/Age : Male / 53 Years	Case ID : 40402200027
Ref.By :	Dis. At :	Pt. ID : 3479946
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 02-Apr-2024 08:36	Sample Type : Serum	Mobile No :
Sample Date and Time : 02-Apr-2024 08:36	Sample Coll. By :	Ref Id1 : OSP33654
Report Date and Time : 02-Apr-2024 09:35	Acc. Remarks : Normal	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>BUN (Blood Urea Nitrogen)</b> <i>GLDH</i>	11.5	mg/dL	8.40 - 25.70	
<b>Uric Acid</b> <i>Uricase</i>	6.05	mg/dL	3.5 - 7.2	
<b>Creatinine</b>	1.02	mg/dL	0.50 - 1.50	

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Name : KRUSHKANT G TRIVEDI	Sex/Age : Male / 53 Years	Case ID : 40402200027
Ref.By :	Dis. At :	Pt. ID : 3479946
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 02-Apr-2024 08:36	Sample Type : Serum	Mobile No :
Sample Date and Time : 02-Apr-2024 08:36	Sample Coll. By :	Ref Id1 : OSP33654
Report Date and Time : 02-Apr-2024 15:31	Acc. Remarks : Normal	Ref Id2 :

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

<b>Triiodothyronine (T3)</b> CMIA	<b>1.44</b>	ng/mL	0.64 - 1.52	
<b>Thyroxine (T4)</b> CMIA	<b>7.38</b>	µg/dL	4.87 - 11.72	
<b>TSH</b> CMIA	<b>1.99</b>	µIU/mL	0.35 - 4.94	

### 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

	Reference range (microIU/ml)
First trimester	0.24 - 2.00
Second trimester	0.43-2.2
Third trimester	0.8-2.5

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

**Dr. Sandip Shah**

M.D. (Path. & Bact.)  
Consultant Pathologist  
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**Dr. Aakash Shah**

MD. Path.  
Consultant Pathologist

**Dr. Sandip Shah**

M.D. (Path. & Bact.)  
Consultant Pathologist

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## 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 : KRUSHKANT G TRIVEDI	Sex/Age : Male / 53 Years	Case ID : 40402200027
Ref.By :	Dis. At :	Pt. ID : 3479946
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 02-Apr-2024 08:36	Sample Type : Serum	Mobile No :
Sample Date and Time : 02-Apr-2024 08:36	Sample Coll. By :	Ref Id1 : OSP33654
Report Date and Time : 02-Apr-2024 15:31	Acc. Remarks : Normal	Ref Id2 :

**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/↑	↓

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

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## LABORATORY REPORT



Name : **KRUSHKANT G TRIVEDI** Sex/Age : **Male / 53 Years** Case ID : **40402200027**  
 Ref.By : Dis. At : Pt. ID : **3479946**  
 Bill. Loc. : **Aashka hospital** Pt. Loc. :  
 Reg Date and Time : **02-Apr-2024 08:36** Sample Type : **Serum** Mobile No :  
 Sample Date and Time : **02-Apr-2024 08:36** Sample Coll. By : Ref Id1 : **OSP33654**  
 Report Date and Time : **02-Apr-2024 15:31** Acc. Remarks : **Normal** Ref Id2 :

TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

### Prostate Specific Antigen (PSA)

**Prostate Specific Antigen** **0.895** ng/mL 0.00 - 4.00  
CMA

	0 - 0.5 *(ng/mL)	>0.5 - 2.5 (ng/mL)	>2.5 - 5.0 (ng/mL)	>5.0 - 10 (ng/mL)	>10 (ng/mL)
Healthy Males	87.2	12.8	0.0	0.0	0.0
BPH	51.9	42.9	4.2	0.5	0.5
Stage A Prostate Cancer	38.5	42.3	11.5	3.8	3.8
Stage B Prostate Cancer	23.9	68.7	7.5	0.0	0.0

\*% of population

#### Use

The total PSA test and digital rectal exam (DRE) are used together to help determine the need for a prostate biopsy. The goal of screening is to minimize unnecessary biopsies and to detect clinically significant prostate cancer while it is still confined to the prostate.

Clinical Significance of elevated levels of PSA are associated with prostate cancer, but they may also be seen with prostatitis and benign prostatic hyperplasia (BPH). Mild to moderately increased concentrations of PSA may be seen in those of African American heritage, and levels tend to increase in all men as they age.

Prostate biopsy is required for the diagnosis of cancer.

#### FREE PSA:TOTAL PSA

Males:

When Total PSA concentration is in the range of 4.0-10.0 ng/mL:

Free PSA/total PSA ratio	Probability of cancer		
	50-59 years	60-69 years	> or =70 years
< or =0.10	49%	58%	65%
0.11-0.18	27%	34%	41%
0.19-0.25	18%	24%	30%
>0.25	9%	12%	16%

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

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 Page 12 of 14

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## LABORATORY REPORT



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Ref.By :	Dis. At :	Pt. ID : 3479946
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 02-Apr-2024 08:36	Sample Type : Spot Urine	Mobile No :
Sample Date and Time : 02-Apr-2024 08:36	Sample Coll. By :	Ref Id1 : OSP33654
Report Date and Time : 02-Apr-2024 09:05	Acc. Remarks : Normal	Ref Id2 :

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	1.003 - 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	/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)

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 Mobile No :  
 Ref Id1 : OSP33654  
 Ref Id2 :

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	-	-	-	-	-

----- End Of Report -----

# For test performed on specimens received or collected from non-NSRL locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender. NSRL will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.

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

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PATIENT NAME: KRUSHNAKANT G TRIVEDI

GENDER/AGE: Male / 53 Years

DATE: 02/04/24

DOCTOR: DR. HASIT JOSHI

OPDNO: OSP33654

### 2D-ECHO

MITRAL VALVE	: MINIMALLY SCLEROSED	
AORTIC VALVE	: MINIMALLY SCLEROSED	
TRICUSPID VALVE	: NORMAL	
PULMONARY VALVE	: NORMAL	
AORTA	: 34mm	
LEFT ATRIUM	: 33mm	
LV Dd / Ds	: 41/30mm	EF 55%
IVS / LVPW / D	: 11/10mm	
IVS	: INTACT	
IAS	: INTACT	
RA	: NORMAL	
RV	: NORMAL	
PA	: NORMAL	
PERICARDIUM	: NORMAL	
VEL	: PEAK	MEAN
M/S	: Gradient mm Hg	Gradient mm Hg
MITRAL	: 0.8/0.9m/s	
AORTIC	: 1.0m/s	
PULMONARY	: 0.9m/s	
COLOUR DOPPLER	: TRIMIAL MR/TR	
RVSP	: 26mmHg	
CONCLUSION	: NORMAL LV SIZE / SYSTOLIC FUNCTION; REDUCED LV COMPLIANCE.	

ADV : TMT / CAG.



CARDIOLOGIST  
DR. HASIT JOSHI (9825012235)



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CIN: L85110GJ2012PLC072647



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



**PATIENT NAME:KRUSHNAKANT G TRIVEDI**

**GENDER/AGE:Male / 53 Years**

**DATE:02/04/24**

**DOCTOR:**

**OPDNO:OSP33654**

**X-RAY CHEST PA**

Both lung fields show increased broncho-vascular markings.

**No evidence of collapse, consolidation, mediastinal lymph adenopathy, soft tissue infiltration or pleural effusion is seen.**

Both hilar shadows and C.P. angles are normal.

Heart shadow appears normal in size. Aorta appears normal.

Bony thorax and both domes of diaphragm appear normal.

No evidence of cervical rib is seen on either side.

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

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**PATIENT NAME: KRUSHNAKANT G TRIVEDI**

**GENDER/AGE: Male / 53 Years**

**DATE: 02/04/24**

**DOCTOR:**

**OPDNO: OSP33654**

### 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 10.2 x 4.1 cms in size.

Left kidney measures about 10.3 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 160 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.**

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

  
**DR. SNEHAL PRAJAPATI**  
CONSULTANT RADIOLOGIST

Krushnakant trivedi

For Contrast 226 166 05

0459 LOT D 942 #

53 Years

Male

02.04.2024 10:31:07 AM

AASHKA HOSPITAL LTD.  
SARGASAN  
GANDHINAGAR

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

Room:

71 bpm  
-- / -- mmHg

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 78 ms  
QT / QTcBaz : 406 / 441 ms  
PR : 136 ms  
P : 100 ms  
RR / PP : 848 / 845 ms  
P / QRS / T : 68 / 29 / 45 degrees

Normal sinus rhythm  
Nonspecific T wave abnormality  
Abnormal ECG

