







बैंक ऑफ बड़ोदा  
Bank of Baroda

प्रभात कुमार रंजन  
Prabhat Kumar Ranjan

नाम  
Name

कार्ड नंबर  
C.C. No.

111006

आपूर्तिकर्ता प्राधिकरण  
Issuing Authority



आधारकर्ता  
Signature of Holder

आधारकर्ता  
Signature of Holder



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

UHID:	OSP337EG	Date:	13/04/24	Time:	
Patient Name:	Poojashree Khanna				
	Age / Sex:	61 / F			
	Height:	164			
	Weight:	72			
History:	c/o Combing headache since 10 days pt has done all vitals 4-5 years now in pain in eye.				
Allergy History:					
Nutritional Screening:	Well-Nourished / Malnourished / Obese				
Examination:	VND - 6/18 6/6 N/6 E constant color vision - Normal				
Diagnosis:	PDS - blyphary				



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CIN: L85110GJ2012PLC072647

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



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

UHID: OSP33766

Date: 13/9/24

Time:

Patient Name: Pooerbhet Kumer Romya

Age/Sex: 41 / M.

Height: 164

Weight: 72

Chief Complain:

History: Routine dental check up

Allergy History:

Nutritional Screening: Well-Nourished / Malnourished / Obese

Examination:

Extra oral :

Intra oral – Teeth Present :

Stain ++  
Caries +

Teeth Absent :

Diagnosis:





13.04.2024 11:22:40 AM  
AASHKA HOSPITAL LTD.  
SARGASAN  
GANDHINAGAR

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

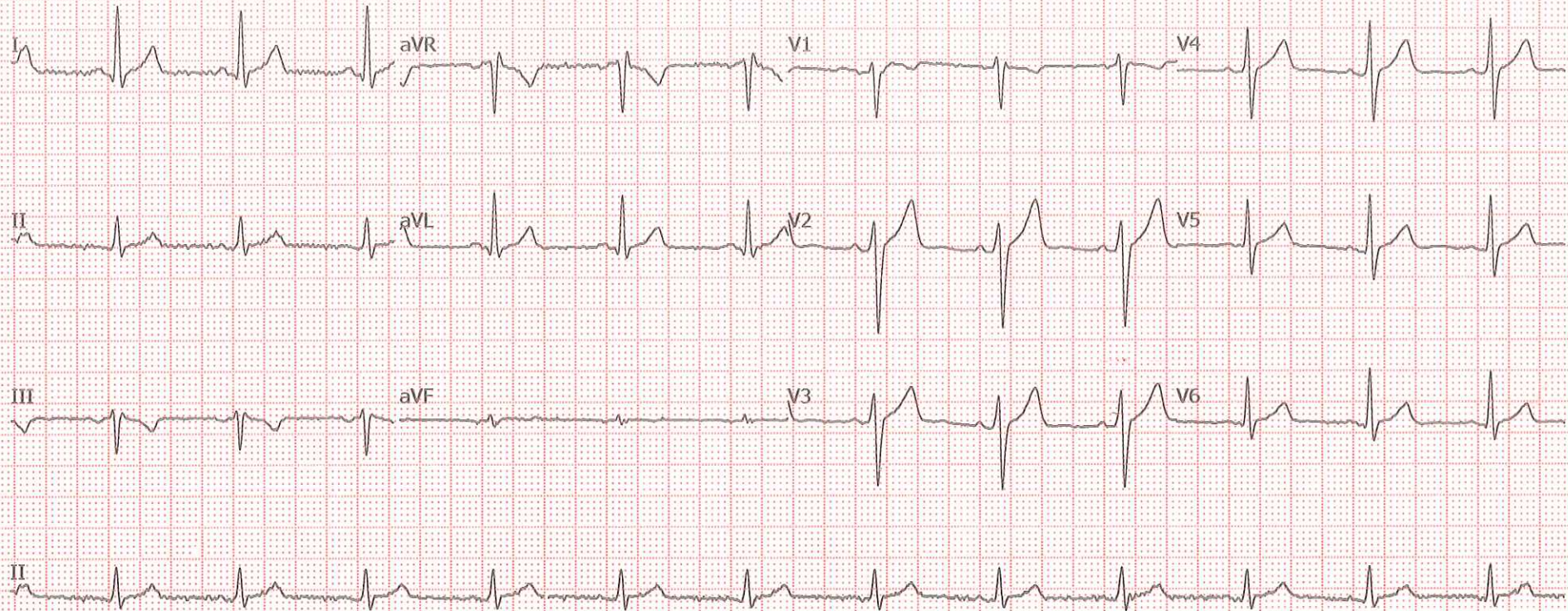
Room:

75 bpm  
-- / -- mmHg

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 96 ms  
QT / QTcBaz : 364 / 406 ms  
PR : 114 ms  
P : 72 ms  
RR / PP : 804 / 800 ms  
P / QRS / T : -11 / -6 / 7 degrees

Normal sinus rhythm  
Minimal voltage criteria for LVH, may be normal variant  
Borderline ECG







## LABORATORY REPORT



Name : PRABHATKUMAR RANJAN Sex/Age : Male / 41 Years Case ID : 40402200291  
 Ref.By : AASHKA HOSPITAL Dis. At : Pt. ID : 3513058  
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 13-Apr-2024 08:43 Sample Type :  
 Sample Date and Time : 13-Apr-2024 08:43 Sample Coll. By :  
 Report Date and Time : Acc. Remarks : Normal

Mobile No :  
 Ref Id1 : OSP33766  
 Ref Id2 :

## Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
<b>Blood Urea Nitrogen (BUN)</b>			
BUN (Blood Urea Nitrogen)	4.5	mg/dL	8.90 - 20.60
<b>Glyco Hemoglobin (HbA1c)</b>			
HbA1c	9.82	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes
<b>Haemogram (CBC)</b>			
Eosinophil	10.0	%	1.00 - 6.00
Eosinophil	842	/µL	20.00 - 500.00
<b>Lipid Profile</b>			
Cholesterol	227.87	mg/dL	110 - 200
HDL Cholesterol	37.3	mg/dL	48 - 77
Triglyceride	434.84	mg/dL	<150
VLDL	86.97	mg/dL	10 - 40
Chol/HDL	6.11		0 - 4.1
LDL Cholesterol	103.60	mg/dL	0.00 - 100.00
<b>Liver Function Test</b>			
S.G.P.T.	214.09	U/L	16 - 63
S.G.O.T.	59.66	U/L	15 - 37
Alkaline Phosphatase	223.15	U/L	46 - 116
Gamma Glutamyl Transferase	91.10	U/L	0 - 55
Proteins (Total)	8.40	gm/dL	6.40 - 8.30
Albumin	5.11	gm/dL	3.4 - 5
Bilirubin Conjugated	0.51	mg/dL	0 - 0.50
<b>Urine Examination</b>			
Glucose	Present (++)		Negative

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





## LABORATORY REPORT



Name : PRABHATKUMAR RANJAN

Ref.By : AASHKA HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Male / 41 Years

Case ID : 40402200291

Dis. At :

Pt. ID : 3513058

Pt. Loc :

Reg Date and Time : 13-Apr-2024 08:43

Sample Type :

Sample Date and Time : 13-Apr-2024 08:43

Sample Coll. By :

Report Date and Time : Acc. Remarks : Normal

Mobile No :

Ref Id1 : OSP33766

Ref Id2 :

Plasma Glucose - F 346.08

mg/dL

70.0 - 100

Plasma Glucose - PP 543.72

mg/dL

70.0 - 140.0

### Abnormal Result(s) Summary End

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

Printed On : 13-Apr-2024 13:16





## LABORATORY REPORT



Name : PRABHATKUMAR RANJAN

Ref.By : AASHKA HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Male / 41 Years

Dis. At :

Pt. Loc :

Case ID : 40402200291

Pt. ID : 3513058

Pt. Loc :

Reg Date and Time : 13-Apr-2024 08:43 Sample Type : Whole Blood EDTA

Sample Date and Time : 13-Apr-2024 08:43 Sample Coll. By :

Mobile No :

Report Date and Time : 13-Apr-2024 09:22 Acc. Remarks : Normal

Ref Id1 : OSP33766

Ref Id2 :

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

### HAEMOGRAM REPORT

#### HB AND INDICES

Haemoglobin	13.5	G%	13.00 - 17.00	
RBC (Electrical Impedance)	4.57	millions/cumm	4.50 - 5.50	
PCV(Calc)	42.23	%	40.00 - 50.00	
MCV (RBC histogram)	92.4	fL	83.00 - 101.00	
MCH (Calc)	29.6	pg	27.00 - 32.00	
MCHC (Calc)	32.0	gm/dL	31.50 - 34.50	
RDW (RBC histogram)	15.50	%	11.00 - 16.00	

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

		UNIT	EXPECTED VALUES	EXPECTED VALUES
Total WBC Count	8420	/ $\mu$ L	4000.00 - 10000.00	[Abs] 4715
Neutrophil	56.0	%	40.00 - 70.00	/ $\mu$ L 2000.00 - 7000.00
Lymphocyte	31.0	%	20.00 - 40.00	/ $\mu$ L 1000.00 - 3000.00
Eosinophil	H 10.0	%	1.00 - 6.00	/ $\mu$ L 20.00 - 500.00
Monocytes	3.0	%	2.00 - 10.00	/ $\mu$ L 200.00 - 1000.00
Basophil	0.0	%	0.00 - 2.00	/ $\mu$ L 0.00 - 100.00

#### PLATELET COUNT (Optical)

Platelet Count	152000	/ $\mu$ L	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	1.81		0.78 - 3.53

#### SMEAR STUDY

RBC Morphology	Normocytic Normochromic RBCs.
WBC Morphology	Eosinophilia
Platelet	Platelets are adequate in number.
Parasite	Malarial Parasite not seen on smear.

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



Dr. Shreya Shah  
M.D. (Pathologist)

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## LABORATORY REPORT



Name : PRABHATKUMAR RANJAN

Ref.By : AASHKA HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Male / 41 Years

Case ID : 40402200291

Dis. At :

Pt. ID : 3513058

Pt. Loc :

Reg Date and Time : 13-Apr-2024 08:43

Sample Type : Whole Blood EDTA

Sample Date and Time : 13-Apr-2024 08:43

Sample Coll. By :

Mobile No :

Report Date and Time : 13-Apr-2024 12:22

Acc. Remarks : Normal

Ref Id1 : OSP33766

Ref Id2 :

### TEST

#### RESULTS

#### UNIT

#### BIOLOGICAL REF RANGE

#### REMARKS

**ESR**

*Westergren Method*

06

mm after 1hr 3 - 15

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

**Dr. Shreya Shah**

M.D. (Pathologist)

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## LABORATORY REPORT



Name : PRABHATKUMAR RANJAN

Ref.By : AASHIKA HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Male / 41 Years

Case ID : 40402200291

Dis. At :

Pt. ID : 3513058

Pt. Loc :

Reg Date and Time : 13-Apr-2024 08:43

Sample Type : Whole Blood EDTA

Mobile No :

Sample Date and Time : 13-Apr-2024 08:43

Sample Coll. By :

Ref Id1 : OSP33766

Report Date and Time : 13-Apr-2024 09:01

Acc. Remarks : Normal

Ref Id2 :

### TEST

#### RESULTS

#### UNIT BIOLOGICAL REF RANGE

#### REMARKS

### 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)

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

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## LABORATORY REPORT



Name : PRABHATKUMAR RANJAN

Ref.By : AASHKA HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Male / 41 Years

Dis. At :

Pt. Loc :

Case ID : 40402200291

Pt. ID : 3513058

Pt. Loc :

Reg Date and Time : 13-Apr-2024 08:43

Sample Type : Plasma Fluoride F, Plasma Fluoride PP, Serum

Mobile No :

Sample Date and Time : 13-Apr-2024 08:43

Sample Coll. By :

Ref Id1 : OSP33766

Report Date and Time : 13-Apr-2024 10:14

Acc. Remarks : Normal

Ref Id2 :

Ref Id2 :

BIOLOGICAL REF RANGE

RESULTS

UNIT

REMARKS

Plasma Glucose - F	H	346.08	mg/dL	70.0 - 100
Plasma Glucose - PP <i>Photometric, Hexokinase</i>	H	543.72	mg/dL	70.0 - 140.0
BUN (Blood Urea Nitrogen) <i>GLDH</i>	L	4.5	mg/dL	8.90 - 20.60
Uric Acid <i>Uricase</i>		5.84	mg/dL	3.5 - 7.2
Creatinine		0.72	mg/dL	0.50 - 1.50

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

Dr. Shreya Shah  
M.D. (Pathologist)

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## LABORATORY REPORT



Name : PRABHATKUMAR RANJAN

Ref.By : AASHKA HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Male / 41 Years

Case ID : 40402200291

Dis. At :

Pt. ID : 3513058

Pt. Loc :

Reg Date and Time : 13-Apr-2024 08:43

Sample Type : Whole Blood EDTA

Sample Date and Time : 13-Apr-2024 08:43

Sample Coll. By :

Mobile No :

Report Date and Time : 13-Apr-2024 09:22

Acc. Remarks : Normal

Ref Id1 : OSP33766

Ref Id2 :

### TEST

#### RESULTS

#### UNIT

#### BIOLOGICAL REF RANGE

#### REMARKS

### Glycated Haemoglobin Estimation

HbA1C H 9.82

% of total Hb <5.7: Normal  
5.7-6.4: Prediabetes  
>=6.5: Diabetes

Estimated Avg Glucose (3 Mths)  
Calculated 235.13

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 glycaemic 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<sub>1c</sub>.

In such circumstances glycaemic 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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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 : **PRABHATKUMAR RANJAN**

Sex/Age : **Male / 41 Years**

Case ID : **40402200291**

Ref.By : **AASHKA HOSPITAL**

Dis. At :

Pt. ID : **3513058**

Bill. Loc. : **Aashka hospital**

Pt. Loc. :

Reg Date and Time : **13-Apr-2024 08:43**

Sample Type : **Serum**

Mobile No :

Sample Date and Time : **13-Apr-2024 08:43**

Sample Coll. By :

Ref Id1 : **OSP33766**

Report Date and Time : **13-Apr-2024 11:14**

Acc. Remarks : **Normal**

Ref Id2 :

### TEST

RESULTS UNIT BIOLOGICAL REF RANGE

REMARKS

### BIOCHEMICAL INVESTIGATIONS

#### Lipid Profile

<b>Cholesterol</b> <i>Colorimetric, CHOD-POD</i>	H	227.87	mg/dL	110 - 200
<b>HDL Cholesterol</b>	L	37.3	mg/dL	48 - 77
<b>Triglyceride</b> <i>Glycerol Phosphate Oxidase</i>	H	434.84	mg/dL	<150
<b>VLDL</b> <i>Calculated</i>	H	86.97	mg/dL	10 - 40
<b>Chol/HDL</b> <i>Calculated</i>	H	6.11		0 - 4.1
<b>LDL Cholesterol</b> <i>Calculated</i>	H	103.60	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-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)



**Dr. Shreya Shah**

M.D. (Pathologist)

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## LABORATORY REPORT



Name : PRABHATKUMAR RANJAN

Ref.By : AASHKA HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Male / 41 Years

Dis. At :

Pt. Loc :

Case ID : 40402200291

Pt. ID : 3513058

Mobile No :

Ref Id1 : OSP33766

Ref Id2 :

Reg Date and Time : 13-Apr-2024 08:43 Sample Type : Serum

Sample Date and Time : 13-Apr-2024 08:43 Sample Coll. By :

Report Date and Time : 13-Apr-2024 10:15 Acc. Remarks : Normal

### TEST

RESULTS UNIT BIOLOGICAL REF RANGE

REMARKS

### BIOCHEMICAL INVESTIGATIONS

#### Liver Function Test

<b>S.G.P.T.</b> <i>UV with P5p</i>	H	214.09	U/L	16 - 63	
<b>S.G.O.T.</b> <i>UV with P5p</i>	H	59.66	U/L	15 - 37	
<b>Alkaline Phosphatase</b> <i>Enzymatic, PNPP-AMP</i>	H	223.15	U/L	46 - 116	
<b>Gamma Glutamyl Transferase</b> <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate</i>	H	91.10	U/L	0 - 55	
<b>Proteins (Total)</b> <i>Colorimetric, Biuret</i>	H	8.40	gm/dL	6.40 - 8.30	
<b>Albumin</b> <i>Bromocresol purple</i>	H	5.11	gm/dL	3.4 - 5	
<b>Globulin</b> <i>Calculated</i>		3.29	gm/dL	2 - 4.1	
<b>A/G Ratio</b> <i>Calculated</i>		1.6		1.0 - 2.1	
<b>Bilirubin Total</b> <i>Photometry</i>		0.83	mg/dL	0.3 - 1.2	
<b>Bilirubin Conjugated</b> <i>Diazotization reaction</i>	H	0.51	mg/dL	0 - 0.50	
<b>Bilirubin Unconjugated</b> <i>Calculated</i>		0.32	mg/dL	0 - 0.8	

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



Dr. Shreya Shah  
M.D. (Pathologist)

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## LABORATORY REPORT

Name : PRABHATKUMAR RANJAN

Ref.By : AASHKA HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Male / 41 Years

Case ID : 40402200291

Dis. At :

Pt. ID : 3513058

Pt. Loc :

Reg Date and Time : 13-Apr-2024 08:43

Sample Type : Serum

Mobile No :

Sample Date and Time : 13-Apr-2024 08:43

Sample Coll. By :

Ref Id1 : OSP33766

Report Date and Time : 13-Apr-2024 10:00

Acc. Remarks : Normal

Ref Id2 :

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

### Thyroid Function Test

Triiodothyronine (T3)	102.68	ng/dL	70 - 204	
Thyroxine (T4) C/MIA	8.99	ng/dL	4.87 - 11.72	
TSH C/MIA	1.80	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)

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M.D. (Pathologist)

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## LABORATORY REPORT



Name : PRABHATKUMAR RANJAN

Ref.By : AASHKA HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Male / 41 Years

Case ID : 40402200291

Dis. At :

Pt. ID : 3513058

Pt. Loc :

Reg Date and Time : 13-Apr-2024 08:43

Mobile No :

Sample Type : Serum

Ref Id1 : OSP33766

Sample Coll. By :

Sample Date and Time : 13-Apr-2024 08:43

Ref Id2 :

Report Date and Time : 13-Apr-2024 10:00

Acc. Remarks : Normal

**Interpretation Notes:**

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 (on 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, 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

Second trimester

Third trimester

Reference range (microU/ml)

0.24 - 2.00

0.43-2.2

0.8-2.5

	T3	T4	TSH
Normal Thyroid function	N	N	N
Primary Hypertthyroidism	↑	↑	↓
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)

Dr. Shreya Shah

M.D. (Pathologist)

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## LABORATORY REPORT



Name : PRABHATKUMAR RANJAN

Ref.By : AASHKA HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Male / 41 Years

Case ID : 40402200291

Dis. At :

Pt. ID : 3513058

Pt. Loc :

Reg Date and Time : 13-Apr-2024 08:43 Sample Type : Spot Urine

Sample Date and Time : 13-Apr-2024 08:43 Sample Coll. By :

Mobile No :

Report Date and Time : 13-Apr-2024 10:52 Acc. Remarks : Normal

Ref Id1 : OSP33766

Ref Id2 :

### 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 : 1.010

pH : 5.50

Leucocytes (ESTERASE) : Negative

Protein : Negative

Glucose : Present (++)

Ketone Bodies Urine : Negative

Urobilinogen : Negative

Bilirubin : Negative

Blood : Negative

Nitrite : Negative

#### Flowcytometric Examination By Sysmex UF-5000

Leucocyte : Nil

Red Blood Cell : Nil

Epithelial Cell : Present +

Bacteria : Nil

Yeast : Nil

Cast : Nil

Crystals : Nil

1.005 - 1.030

5 - 8

Negative

Negative

Negative

Negative

Negative

Negative

Negative

Negative

Negative

Nil

Nil

Present(+)

Nil

Nil

Nil

Nil

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



Dr. Shreya Shah

M.D. (Pathologist)

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## LABORATORY REPORT



Name : PRABHATKUMAR RANJAN

Sex/Age : Male / 41 Years

Case ID : 40402200291

Ref.By : AASHKA HOSPITAL

Dis. At :

Pt. ID : 3513058

Bill. Loc. : Aashka hospital

Pt. Loc :

Reg Date and Time : 13-Apr-2024 08:43 Sample Type : Spot Urine

Mobile No :

Sample Date and Time : 13-Apr-2024 08:43 Sample Coll. By :

Ref Id1 : OSP33766

Report Date and Time : 13-Apr-2024 10:52 Acc. Remarks : Normal

Ref Id2 :

Parameter	Unit	Expected value	Trace	+	++	+++	++++
pH	-	4.6-8.0					
SG	-	1.008-1.035					
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	-	-	-	-	-

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)

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PATIENT NAME: PRABHAT KUMAR RANJAN

GENDER/AGE: Male / 40 Years

DOCTOR: DR. HASIT JOSHI

OPDNO: OSP33766

DATE: 13/04/24

2D-ECHO


MITRAL VALVE	: NORMAL
AORTIC VALVE	: NORMAL
TRICUSPID VALVE	: NORMAL
PULMONARY VALVE	: NORMAL
AORTA	: 34mm
LEFT ATRIUM	: 36mm
LV Dd / Ds	: 43/27mm
IVS / LVPW / D	: 10.6/10mm
IVS	: INTACT
IAS	: INTACT
RA	: NORMAL
RV	: NORMAL
PA	: NORMAL
PERICARDIUM	: NORMAL
VEL	: PEAK MEAN
M/S	: Gradient mm Hg Gradient mm Hg
MITRAL	: 0.9/0.6m/s
AORTIC	: 1.2m/s
PULMONARY	: 0.9m/s
COLOUR DOPPLER	: TRIVIAL MR / TRIVIAL TR / NO PAH.
RVSP	:
CONCLUSION	: NORMAL LV SIZE / SYSTOLIC FUNCTION.

CARDIOLOGIST  
DR. HASIT JOSHI (9825012235)



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



**PATIENT NAME: PRABHAT KUMAR RANJAN**

**GENDER/AGE: Male / 40 Years**

**DOCTOR:**

**OPDNO: OSP33766**

**DATE: 13/04/24**

### **X-RAY CHEST PA**

Both lung fields appear clear

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

Both hilar shadows and c.p.angles are normal.

Heart shadow appears normal in size. Aorta appears normal.

Bony thorax and both domes of diaphragm appear normal.

No evidence of cervical rib is seen on either side.

### **Impression:**

**Normal chest x-ray examination.**



**RADIOLOGIST**

**DR. MEHUL PATELIYA**





**PATIENT NAME: PRABHAT KUMAR RANJAN**

**GENDER/AGE: Male / 40 Years**

**DOCTOR:**

**OPDNO: OSP33766**

**DATE: 13/04/24**

### 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.

**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 14 cc.

**COMMENT:**

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



**RADIOLOGIST**

**DR. MEHUL PATELIYA**

