

8/23/24, 5:40 PM

Mail - Customer Care :Mediwheel : New Delhi - Outlook

Health Check up Booking Confirmed Request(22E31291),Package Code-PKG10000475, Beneficiary Code-319293

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

Fri 16-08-2024 19:00

To:shuklagazal@ymail.com <shuklagazal@ymail.com>

Cc:Customer Care :Mediwheel : New Delhi <customercare@mediwheel.in>



Mediwheel
Your wellness partner

011-41195959

Dear **MS. VYAS GAZAL ASHISH**,

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 : Gujarat

Pincode : 382421

Appointment Date : 24-08-2024

Confirmation Status : Booking Confirmed

Preferred Time : 8:30am

Booking Status : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
MS. VYAS GAZAL ASHISH	36 year	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.

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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गणेश मठ
मुंबई

GAZAL P.
SHUKLA

92427



Prof. Shukla

Signature of Holder

शुक्ल गणेश मठ
मुंबई

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:	Date:	Time:
Patient Name:	Age /Sex:	
	Height: 164	
	Weight: 84.8	
History: C10 found eye dust.		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination: VU 8/6 8/6 2/6 Coults vision - Normal		
Diagnosis:		



Name: Gaurav Vyas

Age: 36 yrs

Complaints:

Health Checkup.

No of deliveries:

PIG 117CS

Last Delivery:

7/85

History of abortion:

H/O medical conditions associated:

Last abortions:

DM

HTN

Thyroid

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

100 by
Hypothy

MH:

Reg:

LMP:

10/8/24

P/A:

Soft

P/S:

CX NAD

P/V:

NAD

Sample:-

Vagina

Cervix

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

Doctors Sign:-


[Signature]

PATIENT NAME:GAZAL A VYAS
GENDER/AGE:Female / 36 Years
DOCTOR:DR.HASIT JOSHI
OPDNO:OSP34613

DATE:24/08/24

2D-ECHO

MITRAL VALVE	: MILD MVP	
AORTIC VALVE	: NORMAL	
TRICUSPID VALVE	: NORMAL	
PULMONARY VALVE	: NORMAL	
AORTA	: 28mm	
LEFT ATRIUM	: 35mm	
LV Dd / Ds	: 40/27mm	EF 60%
IVS / LVPW / D	: 10/10mm	
IVS	: INTACT	
IAS	: FLOPPY	
RA	: NORMAL	
RV	: NORMAL	
PA	: NORMAL	
PERICARDIUM	: NORMAL	
VEL	: PEAK	MEAN
M/S	: Gradient mm Hg	Gradient mm Hg
MITRAL	: 1/0.7m/s	
AORTIC	: 1.4m/s	
PULMONARY	: 1.2m/s	
COLOUR DOPPLER	: MILD MR / TR	
RVSP	: 34mmHg	
CONCLUSION	: NORMAL LV SIZE / SYSTOLIC FUNCTION; MILD TR; BORDERLINE PAH.	


CARDIOLOGIST
DR.HASIT JOSHI (9825012235)

REPORT REPORT REPORT REPORT REPORT

24.08.2024 10:42:49 AM
AASHIKA HOSPITAL LTD,
SARGASAN
GANDHINAGAR

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

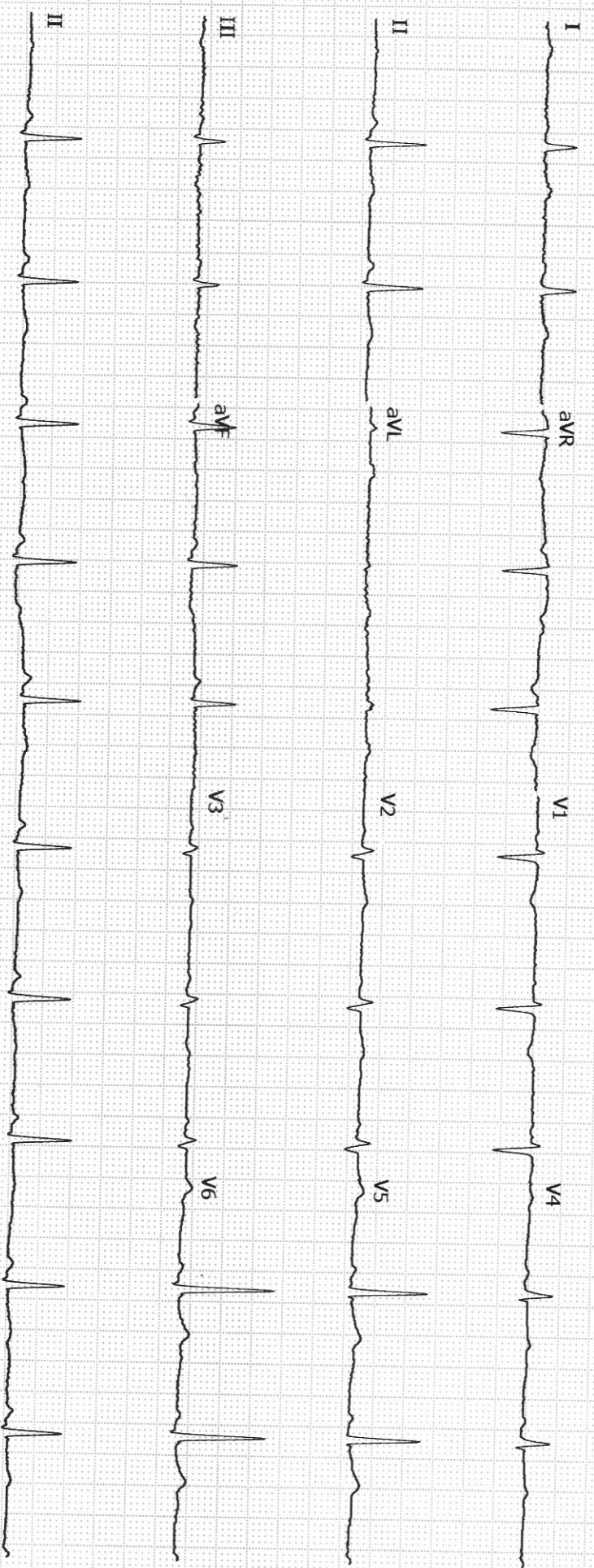
Room:

64 bpm
--/-- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 78 ms
QT / QTcBaz : 426 / 439 ms
PR : 142 ms
P : 88 ms
RR / PP : 930 / 937 ms
P / QRS / T : 54 / 59 / 29 degrees

Normal sinus rhythm
Normal ECG



GE MAC2000 1.1 12SL™ V241

25 mm/s 10 mm/mV

ADS 0.56-20 Hz 50 Hz

Unconfirmed
4x2.5x3_25_R1

1/1

Aashka Hospitals Ltd.
Between Sargasan and Reliance Cross Roads
Sargasan, Gandhinagar - 382421. Gujarat, India
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www.aashkahospitals.in
CIN: L85110GJ2012PLC072647



PATIENT NAME:GAZAL A VYAS

GENDER/AGE:Female / 36 Years

DATE:24/08/24

DOCTOR:

OPDNO:OSP34613

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

REPORT REPORT REPORT

PATIENT NAME:GAZAL A VYAS

GENDER/AGE:Female / 36 Years

DATE:24/08/24

DOCTOR:

OPDNO:OSP34613

SONOGRAPHY OF ABDOMEN AND PELVIS

LIVER: Liver appears normal in size and shows normal parenchymal echoes. No evidence of focal or diffuse lesion is seen. No evidence of dilated IHBR is seen. Intrahepatic portal radicles appear normal. No evidence of solid or cystic mass lesion is seen.

GALL BLADDER: Gall bladder is physiologically distended and appears normal. No evidence of calculus or changes of cholecystitis are seen. No evidence of pericholecystic fluid collection is seen. CBD appears normal.

PANCREAS: Pancreas appears normal in size and shows normal parenchymal echoes. No evidence of pancreatitis or pancreatic mass lesion is seen.

SPLEEN: Spleen appears normal in size and shows normal parenchymal echoes. No evidence of focal or diffuse lesion is seen.

KIDNEYS: Both kidneys are normal in size, shape and position. Both renal contours are smooth. Cortical and central echoes appear normal. Bilateral cortical thickness appears normal. No evidence of renal calculus, hydronephrosis or mass lesion is seen on either side. No evidence of perinephric fluid collection is seen.

Right kidney measures about 10.1 x 4.6 cms in size.

Left kidney measures about 10.6 x 4.8 cms in size.

No evidence of suprarenal mass lesion is seen on either side.

Aorta, IVC and para aortic region appears normal.

No evidence of ascites is seen.

BLADDER: Bladder is normally distended and appears normal. No evidence of bladder calculus, diverticulum or mass lesion is seen. Prevoid bladder volume measures about 190 cc.

UTERUS: Uterus is anteverted and appears normal in size, shape and position. Endometrial and myometrial echoes appear normal. Endometrial thickness measures about 6 mm. No evidence of uterine mass lesion is seen.

Bilateral adnexa appears normal.

COMMENT: Normal sonographic appearance of liver, GB, pancreas, spleen, kidneys, para aortic region, bladder and uterus.


DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST



LABORATORY REPORT



Name : GAZAL A VYAS	Sex/Age : Female/ 36 Years	Case ID : 40802200954
Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 4323597
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 24-Aug-2024 09:29	Sample Type :	Mobile No :
Sample Date and Time : 24-Aug-2024 09:29	Sample Coll. By :	Ref Id1 : OSP34613
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 : O24254168

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Glyco Hemoglobin (HbA1c)			
HbA1C	<u>6.46</u>	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes
Haemogram (CBC)			
Haemoglobin	11.4	G%	12.0 - 15.0
RBC (Electrical Impedance)	4.87	millions/cu mm	3.80 - 4.80
PCV(Calc)	35.79	%	36.00 - 46.00
MCV (RBC histogram)	73.5	fL	83.00 - 101.00
MCH (Calc)	23.4	pg	27.00 - 32.00
Lipid Profile			
Cholesterol	250.25	mg/dL	110 - 200
Triglyceride	174.91	mg/dL	<150
Chol/HDL	5.19		0 - 4.1
LDL Cholesterol	167.07	mg/dL	0.00 - 100.00
Plasma Glucose - PP	167.32	mg/dL	70.0 - 140.0

Abnormal Result(s) Summary End

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

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LABORATORY REPORT



Name : **GAZAL A VYAS** Sex/Age : **Female/ 36 Years** Case ID : **40802200954**
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **4323597**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 24-Aug-2024 09:29	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 24-Aug-2024 09:29	Sample Coll. By :	Ref Id1 : OSP34613
Report Date and Time : 24-Aug-2024 09:58	Acc. Remarks : Normal	Ref Id2 : O24254168

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin	L 11.4 ✓	G%	12.0 - 15.0
RBC (Electrical Impedance)	H 4.87	millions/cumm	3.80 - 4.80
PCV(Calc)	L 35.79	%	36.00 - 46.00
MCV (RBC histogram)	L 73.5	fL	83.00 - 101.00
MCH (Calc)	L 23.4	pg	27.00 - 32.00
MCHC (Calc)	31.8	gm/dL	31.50 - 34.50
RDW (RBC histogram)	15.30	%	11.00 - 16.00

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

Total WBC Count	7890	/μL	4000.00 - 10000.00
Neutrophil	[%] 68.0	%	EXPECTED VALUES 40.00 - 70.00
Lymphocyte	24.0	%	20.00 - 40.00
Eosinophil	4.0	%	1.00 - 6.00
Monocytes	4.0	%	2.00 - 10.00
Basophil	0.0	%	0.00 - 2.00

[Abs]	EXPECTED VALUES
5365	/μL 2000.00 - 7000.00
1894	/μL 1000.00 - 3000.00
316	/μL 20.00 - 500.00
316	/μL 200.00 - 1000.00
0	/μL 0.00 - 100.00

PLATELET COUNT (Optical)

Platelet Count	316000	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	2.83		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)

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LABORATORY REPORT



Name : GAZAL A VYAS	Sex/Age : Female/ 36 Years	Case ID : 40802200954
Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 4323597
Bill. Loc. : Aashka hospital		Pt. Loc :

Reg Date and Time : 24-Aug-2024 09:29	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 24-Aug-2024 09:29	Sample Coll. By :	Ref Id1 : OSP34613
Report Date and Time : 24-Aug-2024 11:55	Acc. Remarks : Normal	Ref Id2 : O24254168

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR <i>Westergren Method</i>	18	mm after 1hr	3 - 20	

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

Dr. Shreya Shah

M.D. (Pathologist)

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Reg Date and Time : 24-Aug-2024 09:29	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 24-Aug-2024 09:29	Sample Coll. By :	Ref Id1 : OSP34613
Report Date and Time : 24-Aug-2024 09:58	Acc. Remarks : Normal	Ref Id2 : O24254168

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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HAEMATOLOGY INVESTIGATIONS

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

ABO Type	B
Rh Type	POSITIVE

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

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LABORATORY REPORT



Name : **GAZAL A VYAS** Sex/Age : **Female/ 36 Years** Case ID : **40802200954**
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **4323597**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 24-Aug-2024 09:29 Sample Type : Plasma Fluoride F, Plasma Fluoride PP, Serum Mobile No :
 Sample Date and Time : 24-Aug-2024 09:29 Sample Coll. By : Ref Id1 : OSP34613
 Report Date and Time : 24-Aug-2024 11:37 Acc. Remarks : Normal Ref Id2 : O24254168

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Plasma Glucose - F	98.65	mg/dL	70.0 - 100	
Plasma Glucose - PP	H 167.32	mg/dL	70.0 - 140.0	
BUN (Blood Urea Nitrogen) GLDH	13.9	mg/dL	7.00 - 18.70	
Urea Calculated	29.72	mg/dL	14.98 - 40.01	
Uric Acid Uricase	3.81	mg/dL	2.6 - 6.2	
Creatinine	0.77	mg/dL	0.50 - 1.50	

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

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LABORATORY REPORT



Name : GAZAL A VYAS	Sex/Age : Female/ 36 Years	Case ID : 40802200954
Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 4323597
Bill. Loc. : Aashka hospital		Pt. Loc :

Reg Date and Time : 24-Aug-2024 09:29	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 24-Aug-2024 09:29	Sample Coll. By :	Ref Id1 : OSP34613
Report Date and Time : 24-Aug-2024 09:58	Acc. Remarks : Normal	Ref Id2 : O24254168

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Glycated Haemoglobin Estimation				
HbA1C	H 6.46		% of total Hb <5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	138.70	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



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 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **4323597**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 24-Aug-2024 09:29 Sample Type : Serum Mobile No :
 Sample Date and Time : 24-Aug-2024 09:29 Sample Coll. By : Ref Id1 : OSP34613
 Report Date and Time : 24-Aug-2024 11:37 Acc. Remarks : Normal Ref Id2 : O24254168

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol <i>Colorimetric, CHOD-POD</i>	H	250.25	mg/dL	110 - 200
HDL Cholesterol		48.2	mg/dL	48 - 77
Triglyceride <i>Glycerol Phosphate Oxidase</i>	H	174.91	mg/dL	<150
VLDL <i>Calculated</i>		34.98	mg/dL	10 - 40
Chol/HDL <i>Calculated</i>	H	5.19		0 - 4.1
LDL Cholesterol <i>Calculated</i>	H	167.07	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 Triglyceride has been revised. Also LDL goals have changed.
- Detail test interpretation available from the lab
- All tests are done according to NCEP guidelines and with FDA approved kits.
- LDL Cholesterol level is primary goal for treatment and varies with risk category and assesment

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

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M.D. (Pathologist)

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 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 24-Aug-2024 09:29	Sample Type : Serum	Mobile No :
Sample Date and Time : 24-Aug-2024 09:29	Sample Coll. By :	Ref Id1 : OSP34613
Report Date and Time : 24-Aug-2024 11:37	Acc. Remarks : Normal	Ref Id2 : O24254168

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Liver Function Test

S.G.P.T. <i>UV with P5P</i>	32.58	U/L	14 - 59
S.G.O.T. <i>UV with P5P</i>	23.04	U/L	15 - 37
Alkaline Phosphatase <i>Enzymatic, PNPP-AMP</i>	115.77	U/L	46 - 116
Gamma Glutamyl Transferase <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate</i>	23.71	U/L	0 - 38
Proteins (Total) <i>Colorimetric, Biuret</i>	7.90	gm/dL	6.40 - 8.30
Albumin <i>Bromocresol purple</i>	4.25	gm/dL	3.4 - 5
Globulin <i>Calculated</i>	3.65	gm/dL	2 - 4.1
A/G Ratio <i>Calculated</i>	1.16		1.0 - 2.1
Bilirubin Total <i>Photometry</i>	0.58	mg/dL	0.3 - 1.2
Bilirubin Conjugated <i>Diazotization reaction</i>	0.23	mg/dL	0 - 0.50
Bilirubin Unconjugated <i>Calculated</i>	0.35	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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 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **4323597**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 24-Aug-2024 09:29	Sample Type : Serum	Mobile No :
Sample Date and Time : 24-Aug-2024 09:29	Sample Coll. By :	Ref Id1 : OSP34613
Report Date and Time : 24-Aug-2024 10:47	Acc. Remarks : Normal	Ref Id2 : O24254168

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Thyroid Function Test				
Triiodothyronine (T3)	101.63	ng/dL	70 - 204	
Thyroxine (T4) CMA	9.03	ng/dL	4.87 - 11.72	
TSH CMA	<u>3.49</u>	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 Grave's disease. Increased in TSH secreting pituitary adenoma (secondary hyperthyroidism), PRTSH 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. Shreya Shah

M.D. (Pathologist)

Printed On : 24-Aug-2024 13:00

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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 : **GAZAL A VYAS** Sex/Age : **Female/ 36 Years** Case ID : **40802200954**
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **4323597**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 24-Aug-2024 09:29	Sample Type : Serum	Mobile No :
Sample Date and Time : 24-Aug-2024 09:29	Sample Coll. By :	Ref Id1 : OSP34613
Report Date and Time : 24-Aug-2024 10:47	Acc. Remarks : Normal	Ref Id2 : O24254168

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 (microlU/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)

Dr. Shreya Shah

M.D. (Pathologist)

Printed On : 24-Aug-2024 13:21





LABORATORY REPORT



Name : **GAZAL A VYAS** Sex/Age : **Female/ 36 Years** Case ID : **40802200954**
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **4323597**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 24-Aug-2024 09:29	Sample Type : Spot Urine	Mobile No :
Sample Date and Time : 24-Aug-2024 09:29	Sample Coll. By :	Ref Id1 : OSP34613
Report Date and Time : 24-Aug-2024 11:55	Acc. Remarks : Normal	Ref Id2 : O24254168

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 1.003 - 1.035

pH : 7.0 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)

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LABORATORY REPORT



Name : **GAZAL A VYAS** Sex/Age : **Female/ 36 Years** Case ID : **40802200954**
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **4323597**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 24-Aug-2024 09:29 Sample Type : Spot Urine Mobile No :
 Sample Date and Time : 24-Aug-2024 09:29 Sample Coll. By : Ref Id1 : OSP34613
 Report Date and Time : 24-Aug-2024 11:55 Acc. Remarks : Normal Ref Id2 : O24254168

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	-	-	-	-	-

Pending Services
Liquid Base Cytology PAP

----- 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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www.aashkahospitals.in
CIN: L85110GJ2012PLC072647



Doctor Name:-

UHID: 0SP34619	Date: 24/8/24	Time:
Patient Name: Gopal Vyas.	Age/Sex: 36 / F	Height: 164 cm
	Weight: 84.8 kg	
Chief Complain: Pt came for health checkup P = 90/min BP = 126/80 SPO ₂ = 99% on RA		
History: CVS / NAD RS k/c/o Hypothyroid on Thyroxine 100mcg		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination: HBA _{1c} = 6.4 FBS = 96 PPZ BS = 167 Pt is fit from Physician side		
Diagnosis:		

DR.KHUSHBOO PATEL
 MS (OBS & GYN)
 REG. NO. G-31287

UHID:	Date: 24/8/24	Time: 11:28 AM												
Patient Name: Gaurav Vyas	Age: 36 yrs	Mobile No:												
Complaint and duration: Health Checkup.														
History:	<table border="0"> <tr> <td>Menstrual history:</td> <td>RNF</td> <td>3-4 @</td> <td></td> </tr> <tr> <td>Cycles</td> <td>Flow</td> <td>Duration of Bleeding</td> <td>Presence of pain</td> </tr> <tr> <td></td> <td></td> <td>23-25</td> <td></td> </tr> </table>		Menstrual history:	RNF	3-4 @		Cycles	Flow	Duration of Bleeding	Presence of pain			23-25	
Menstrual history:	RNF	3-4 @												
Cycles	Flow	Duration of Bleeding	Presence of pain											
		23-25												
LMP: 16/8/24	H/O Associated illnesses:													
HTN:	DM:	Others:												
Thyroid disorder:	Klevo Hypothyroidism													
Family History:	100 ug. x 7 yr													
Medication history:	NAD.													
Obstetric History:	1 FTCS / A RH													
No of deliveries:	PIC	Last child: 7 yr												
Allergy History:	NAD													
Nutritional Screening: Well-Nourished / Malnourished / Obese														
General Examination:														
CVS	BP:	Oedema of ft												
RS	Wt:	Tongue												
Breast examination:														

P/

PIA : Soft

A

PIS : CP NAD

L/E

PIN : NAD

P/S- cervix

P/V

Provisional Diagnosis:

Healthy. clean up

Investigation:

Pap's smear

Plan of care:

Rx

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

Follow-up:

Review. Report

Consultant's Sign:

DR. Khushbu