



Aashka Hospitals Ltd

Reception <reception@aashkahospitals.in>

**From :** TPA <tpa@aashkahospitals.in>  
**Date :** Jan 25, 2024, 11:03 AM  
**To :** Reception <reception@aashkahospitals.in>  
**CC :**  
**Subject :** Fwd: Health Check up Booking Request(bobE6546), Beneficiary Code-165570  
**Attachments :**

-----Forwarded message-----

Date: Thu Jan 25 10:51:27 IST 2024  
From: Mediwheel <wellness@mediwheel.in >  
To: TPA <tpa@aashkahospitals.in >  
CC: customercare@mediwheel.in  
Subject: Health Check up Booking Request(bobE6546), Beneficiary Code-165570

MedSave



Mediwheel  
...Your wellness partner

011-41195959

Dear Aashka Multispeciality Hospital

We have received a booking request for the details are following. Please provide your confirmation by clicking on the yes button.

Are you sure to confirm the booking?      Yes      No

**Name** : MR. KAPADIA HEMANG MANUBHAI  
**Package Name** : Mediwheel Full Body Health Checkup Male Above 40  
**Package Code** : PKG10000476  
**Location** : Between Sargassan & Reliance Cross Road, Gandhinagar  
                  : -0382421  
**Contact Details** : 8780149001  
**E-mail id** : HEMANG.KAPADIA@bankofbaroda.com  
**Booking Date** : 25-01-2024  
**Appointment Date** : 10-02-2024

**Member Information**

Booked Member Name	Age	Gender
MR. KAPADIA HEMANG MANUBHAI	45 year	Male

Please login to your account to confirm the same. Also you mail us for confirmation

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

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

**22 Tests included in this Package** :

- Stool Test
- Thyroid Profile
- ESR
- Blood Glucose (Fasting)
- General Physician Consultation
- TMT OR 2D ECHO
- Blood Group

- Blood Glucose (Post Prandial)
- Chest X-ray
- ECG
- USG Whole Abdomen
- Eye Check-up consultation
- Urine Sugar Fasting
- Urine Sugar PP
- Dental Consultation
- Urine analysis
- CBC
- HbA1c
- Lipid Profile
- Kidney Profile
- Liver profile
- Prostate Specific Antigen (PSA Male)

Thanks,  
Mediwheel Team

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

Please visit to our Terms & Conditions for more informaion. This email is recieved because you are register with us Click here to unsubscribe.

@ 2024 - 25, Arcofemi Healthcare Pvt Limited.(Mediwheel)

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

Hospital:7575006000/9000

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



## LABORATORY REPORT



Name : <b>HEMANG MANUBHAI KAPADIA</b>	Sex/Age : <b>Male / 44 Years</b>	Case ID : <b>40202200029</b>
Ref.By : <b>AASHKA HOSPITAL</b>	Dis. At :	Pt. ID : <b>3318023</b>
Bill. Loc. : <b>Aashka hospital</b>		Pt. Loc :
Reg Date and Time : <b>02-Feb-2024 09:37</b>	Sample Type :	Mobile No : <b>8780149001</b>
Sample Date and Time : <b>02-Feb-2024 09:37</b>	Sample Coll. By :	Ref Id1 : <b>OSP33174</b>
Report Date and Time :	Acc. Remarks : <b>Normal</b>	Ref Id2 : <b>OSP49731</b>

### Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
<b>Lipid Profile</b>			
HDL Cholesterol	<b>37.0</b>	mg/dL	48 - 77
Chol/HDL	<b>5.28</b>		0 - 4.1
LDL Cholesterol	<b>135.98</b>	mg/dL	0.00 - 100.00
<b>Liver Function Test</b>			
Globulin	<b>1.93</b>	gm/dL	2 - 4.1
A/G Ratio	<b>2.6</b>		1.0 - 2.1
<b>Protein With A/G Ratio</b>			
Globulin	<b>1.93</b>	gm/dL	2 - 4.1
A/G Ratio	<b>2.6</b>		1.0 - 2.1
Plasma Glucose - F	<b>120.03</b>	mg/dL	70 - 100
Plasma Glucose - PP	<b>151.31</b>	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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Ref.By : <b>AASHKA HOSPITAL</b>	Dis. At :	Pt. ID : <b>3318023</b>
Bill. Loc. : <b>Aashka hospital</b>		Pt. Loc :
Reg Date and Time : <b>02-Feb-2024 09:37</b>	Sample Type : <b>Whole Blood EDTA</b>	Mobile No : <b>8780149001</b>
Sample Date and Time : <b>02-Feb-2024 09:37</b>	Sample Coll. By :	Ref Id1 : <b>OSP33174</b>
Report Date and Time : <b>02-Feb-2024 09:56</b>	Acc. Remarks : <b>Normal</b>	Ref Id2 : <b>OSP49731</b>

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

#### HB AND INDICES

Haemoglobin	14.2	G%	13.00 - 17.00
RBC (Electrical Impedance)	5.10	millions/cumm	4.50 - 5.50
PCV(Calc)	43.55	%	40.00 - 50.00
MCV (RBC histogram)	85.4	fL	83.00 - 101.00
MCH (Calc)	27.9	pg	27.00 - 32.00
MCHC (Calc)	32.7	gm/dL	31.50 - 34.50
RDW (RBC histogram)	14.20	%	11.00 - 16.00

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

Total WBC Count	6430	/μL	4000.00 - 10000.00
Neutrophil	[%] 58.0	%	EXPECTED VALUES [Abs] 3729 /μL 2000.00 - 7000.00
Lymphocyte	33.0	%	20.00 - 40.00 2122 /μL 1000.00 - 3000.00
Eosinophil	3.0	%	1.00 - 6.00 193 /μL 20.00 - 500.00
Monocytes	6.0	%	2.00 - 10.00 386 /μL 200.00 - 1000.00
Basophil	0.0	%	0.00 - 2.00 0 /μL 0.00 - 100.00

#### PLATELET COUNT (Optical)

Platelet Count	220000	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	1.76		0.78 - 3.53

#### SMEAR STUDY

RBC Morphology	Normocytic Normochromic 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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**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

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## LABORATORY REPORT



Name : HEMANG MANUBHAI KAPADIA	Sex/Age : Male / 44 Years	Case ID : 40202200029
Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 3318023
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 02-Feb-2024 09:37	Sample Type : Whole Blood EDTA	Mobile No : 8780149001
Sample Date and Time : 02-Feb-2024 09:37	Sample Coll. By :	Ref Id1 : OSP33174
Report Date and Time : 02-Feb-2024 11:07	Acc. Remarks : Normal	Ref Id2 : OSP49731

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>ESR</b> <i>Westergren Method</i>	<b>04</b>	mm after 1hr	3 - 15	

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Bill. Loc. : <b>Aashka hospital</b>		Pt. Loc :
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Report Date and Time : <b>02-Feb-2024 09:56</b>	Acc. Remarks : <b>Normal</b>	Ref Id2 : <b>OSP49731</b>

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>A</b>
Rh Type	<b>POSITIVE</b>

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Ref.By : <b>AASHKA HOSPITAL</b>	Dis. At :	Pt. ID : <b>3318023</b>
Bill. Loc. : <b>Aashka hospital</b>		Pt. Loc :
Reg Date and Time : <b>02-Feb-2024 09:37</b>	Sample Type : <b>Spot Urine</b>	Mobile No : <b>8780149001</b>
Sample Date and Time : <b>02-Feb-2024 09:37</b>	Sample Coll. By :	Ref Id1 : <b>OSP33174</b>
Report Date and Time : <b>02-Feb-2024 10:15</b>	Acc. Remarks : <b>Normal</b>	Ref Id2 : <b>OSP49731</b>

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

Physical examination

Colour **Pale yellow**

Transparency **Clear**

Chemical Examination By Sysmex UC-3500

Sp.Gravity **>1.025** 1.005 - 1.030

pH **5.50** 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** /LPF Nil

Crystals **Nil** /HPF Nil

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## LABORATORY REPORT



Name : **HEMANG MANUBHAI KAPADIA** Sex/Age : **Male / 44 Years** Case ID : **40202200029**  
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **3318023**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 02-Feb-2024 09:37 Sample Type : Spot Urine Mobile No : 8780149001  
 Sample Date and Time : 02-Feb-2024 09:37 Sample Coll. By : Ref Id1 : OSP33174  
 Report Date and Time : 02-Feb-2024 10:15 Acc. Remarks : Normal Ref Id2 : OSP49731

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	-	-	-	-	-

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## LABORATORY REPORT



Name : **HEMANG MANUBHAI KAPADIA** Sex/Age : **Male / 44 Years** Case ID : **40202200029**  
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **3318023**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 02-Feb-2024 09:37 Sample Type : **Plasma Fluoride F, Plasma Fluoride PP, Serum** Mobile No : **8780149001**  
 Sample Date and Time : 02-Feb-2024 09:37 Sample Coll. By : Ref Id1 : **OSP33174**  
 Report Date and Time : 02-Feb-2024 11:07 Acc. Remarks : **Normal** Ref Id2 : **OSP49731**

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>Plasma Glucose - F</b> <i>Photometric, Hexokinase</i>	H <b>120.03</b>	mg/dL	70 - 100	
<b>Plasma Glucose - PP</b> <i>Photometric, Hexokinase</i>	H <b>151.31</b>	mg/dL	70.0 - 140.0	
<b>BUN (Blood Urea Nitrogen)</b> <i>GLDH</i>	<b>13.4</b>	mg/dL	8.90 - 20.60	
<b>Uric Acid</b> <i>Uricase</i>	<b>6.76</b>	mg/dL	3.5 - 7.2	
<b>Creatinine</b>	<b>0.83</b>	mg/dL	0.50 - 1.50	

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

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Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 3318023
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 02-Feb-2024 09:37	Sample Type : Serum	Mobile No : 8780149001
Sample Date and Time : 02-Feb-2024 09:37	Sample Coll. By :	Ref Id1 : OSP33174
Report Date and Time : 02-Feb-2024 10:41	Acc. Remarks : Normal	Ref Id2 : OSP49731

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

#### Lipid Profile

<b>Cholesterol</b> <i>Colorimetric, CHOD-POD</i>		<b>195.46</b>	mg/dL	110 - 200
<b>HDL Cholesterol</b>	L	<b>37.0</b>	mg/dL	48 - 77
<b>Triglyceride</b> <i>Glycerol Phosphate Oxidase</i>		<b>112.39</b>	mg/dL	<150
<b>VLDL</b> <i>Calculated</i>		<b>22.48</b>	mg/dL	10 - 40
<b>Chol/HDL</b> <i>Calculated</i>	H	<b>5.28</b>		0 - 4.1
<b>LDL Cholesterol</b> <i>Calculated</i>	H	<b>135.98</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 assesment from HDL and Triglyceride has been revised. Also LDL goals have changed.
- Detail test interpretation available from the lab
- All tests are done according to NCEP guidelines and with FDA approved kits.
- LDL Cholesterol level is primary goal for treatment and varies with risk category and assesment

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

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Reg Date and Time : 02-Feb-2024 09:37	Sample Type : Serum	Mobile No : 8780149001
Sample Date and Time : 02-Feb-2024 09:37	Sample Coll. By :	Ref Id1 : OSP33174
Report Date and Time : 02-Feb-2024 11:07	Acc. Remarks : Normal	Ref Id2 : OSP49731

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>42.65</b>	U/L	16 - 63
<b>S.G.O.T.</b> <i>UV with P5P</i>	<b>24.02</b>	U/L	15 - 37
<b>Alkaline Phosphatase</b> <i>Enzymatic, PNPP-AMP</i>	<b>96.42</b>	U/L	46 - 116
<b>Gamma Glutamyl Transferase</b> <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate</i>	<b>31.15</b>	U/L	0 - 55
<b>Proteins (Total)</b> <i>Colorimetric, Biuret</i>	<b>6.88</b>	gm/dL	6.40 - 8.30
<b>Albumin</b> <i>Bromocresol purple</i>	<b>4.95</b>	gm/dL	3.4 - 5
<b>Globulin</b> <i>Calculated</i>	L <b>1.93</b>	gm/dL	2 - 4.1
<b>A/G Ratio</b> <i>Calculated</i>	H <b>2.6</b>		1.0 - 2.1
<b>Bilirubin Total</b> <i>Photometry</i>	<b>0.84</b>	mg/dL	0.3 - 1.2
<b>Bilirubin Conjugated</b> <i>Diazotization reaction</i>	<b>0.25</b>	mg/dL	0 - 0.50
<b>Bilirubin Unconjugated</b> <i>Calculated</i>	<b>0.59</b>	mg/dL	0 - 0.8

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Sample Date and Time : 02-Feb-2024 09:37	Sample Coll. By :	Ref Id1 : OSP33174
Report Date and Time : 02-Feb-2024 10:15	Acc. Remarks : Normal	Ref Id2 : OSP49731

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>Glycated Haemoglobin Estimation</b>				
HbA1C	5.57	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	113.16	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.

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## LABORATORY REPORT



Name : <b>HEMANG MANUBHAI KAPADIA</b>	Sex/Age : <b>Male / 44 Years</b>	Case ID : <b>40202200029</b>
Ref.By : <b>AASHKA HOSPITAL</b>	Dis. At :	Pt. ID : <b>3318023</b>
Bill. Loc. : <b>Aashka hospital</b>		Pt. Loc :
Reg Date and Time : <b>02-Feb-2024 09:37</b>	Sample Type : <b>Serum</b>	Mobile No : <b>8780149001</b>
Sample Date and Time : <b>02-Feb-2024 09:37</b>	Sample Coll. By :	Ref Id1 : <b>OSP33174</b>
Report Date and Time : <b>02-Feb-2024 10:41</b>	Acc. Remarks : <b>Normal</b>	Ref Id2 : <b>OSP49731</b>

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

<b>Proteins (Total)</b> <i>Colorimetric, Biuret</i>	<b>6.88</b>	gm/dL	6.40 - 8.30	
<b>Albumin</b> <i>Bromocresol purple</i>	<b>4.95</b>	gm/dL	3.4 - 5	
<b>Globulin</b> <i>Calculated</i>	L <b>1.93</b>	gm/dL	2 - 4.1	
<b>A/G Ratio</b> <i>Calculated</i>	H <b>2.6</b>		1.0 - 2.1	

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

**Dr. Shreya Shah**

M.D. (Pathologist)

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 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **3318023**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 02-Feb-2024 09:37 Sample Type : Serum Mobile No : 8780149001  
 Sample Date and Time : 02-Feb-2024 09:37 Sample Coll. By : Ref Id1 : OSP33174  
 Report Date and Time : 02-Feb-2024 10:40 Acc. Remarks : Normal Ref Id2 : OSP49731

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>Thyroid Function Test</b>				
<b>Triiodothyronine (T3)</b>	<b>136.37</b>	ng/dL	70 - 204	
<b>Thyroxine (T4)</b> <small>CMIA</small>	<b>7.03</b>	ng/dL	4.87 - 11.72	
<b>TSH</b> <small>CMIA</small>	<b>3.28</b>	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), PRTN 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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Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 02-Feb-2024 09:37	Sample Type : Serum	Mobile No : 8780149001
Sample Date and Time : 02-Feb-2024 09:37	Sample Coll. By :	Ref Id1 : OSP33174
Report Date and Time : 02-Feb-2024 10:40	Acc. Remarks : Normal	Ref Id2 : OSP49731

**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 (microU/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/↑	↓

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

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 Sample Date and Time : **02-Feb-2024 09:37** Sample Coll. By : Ref Id1 : **OSP33174**  
 Report Date and Time : **02-Feb-2024 14:03** Acc. Remarks : **Normal** Ref Id2 : **OSP49731**

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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### Prostate Specific Antigen (PSA)

**Prostate Specific Antigen** **1.323** ng/mL 0.00 - 4.00  
CMIA

	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%

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

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

  
**Dr. Sandip Shah**

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

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M.D. (Path. & Bact.)  
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**PATIENT NAME:HEMANG MANUBHAI KAPADIA**

**GENDER/AGE:Male / 43 Years**

**DATE:02/02/24**

**DOCTOR:**

**OPDNO:OSP33174**

**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 hydronephrosis or mass lesion is seen on either side. No evidence of perinephric fluid collection is seen. **Tiny concretions are seen in both middle calyces.**

Right kidney measures about 9.9 x 4.4 cms in size.  
Left kidney measures about 10.2 x 4.2 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 140 cc.

**PROSTATE:** Prostate appears borderline enlarged in size and shows normal parenchymal echoes. No evidence of pathological calcification or solid or cystic mass lesion is seen. Prostate volume measures about 28 cc.

**COMMENT: Grade I fatty changes in liver.**  
**Tiny concretions seen in both middle calyces.**  
**Borderline enlarged prostate.**

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

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

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CIN: L85110GJ2012PLC072647



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**GENDER/AGE:Male / 43 Years**

**DATE:02/02/24**

**DOCTOR:**

**OPDNO:OSP33174**

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**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**

PATIENT NAME:HEMANG MANUBHAI KAPADIA

GENDER/AGE:Male / 43 Years

DATE:02/02/24

DOCTOR:DR.HASIT JOSHI

OPDNO:OSP33174

**2D-ECHO**

MITRAL VALVE	: NORMAL	
AORTIC VALVE	: NORMAL	
TRICUSPID VALVE	: NORMAL	
PULMONARY VALVE	: NORMAL	
AORTA	: 34mm	
LEFT ATRIUM	: 36mm	
LV Dd / Ds	: 40/28mm	EF 58%
IVS / LVPW / D	: 12.3/12mm	CONCENTRIC LVH
IVS	: INTACT	
IAS	: INTACT	
RA	: NORMAL	
RV	: NORMAL	
PA	: NORMAL	
PERICARDIUM	: NORMAL	
VEL	: PEAK	MEAN
M/S	: Gradient mm Hg	Gradient mm Hg
MITRAL	: 0.9/0.7m/s	
AORTIC	: 1.2m/s	
PULMONARY	: 0.9m/s	
COLOUR DOPPLER	: TRIVIAL MR/TR	
RVSP	: 28mmHg	
CONCLUSION	: CONCENTRIC LVH; NORMAL LV FUNCTION.	

DR.HASIT JOSHI (9825012235)