



प्रति,

समन्वयक,

Mediwheel (Arcofemi Healthcare Limited)

हेल्पलाइन नंबर: 011-41195959

महोदय/ महोदया,

विषय: बैंक ऑफ़ बड़ौदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी की पत्नी/पति जिनके विवरण निम्नानुसार हैं हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई केशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

स्वास्थ्य जांच लाभार्थी के विवरण	
नाम	TANYA PARKASH
जन्म की तारीख	25-10-1992
कर्मचारी की पत्नी/पति के स्वास्थ्य जांच की प्रस्तावित तारीख	22-03-2024
बुकिंग संदर्भ सं.	23M163291100102606S
पत्नी/पति के विवरण	
कर्मचारी का नाम	MR. KUMAR AMARDEEP
कर्मचारी की क. क्र. संख्या	163291
कर्मचारी का पद	FOREX BACK OFFICE
कर्मचारी के कार्य का स्थान	GANDHINAGAR, GIFT CITY, NATIONAL
कर्मचारी के जन्म की तारीख	04-02-1988

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ौदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक 19-03-2024 से 31-03-2024 तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलानक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार केशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के पत्नी/पति की स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनवॉइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

हस्ता/-

(मुख्य महाप्रबंधक)

मानव संसाधन प्रबंधन विभाग

बैंक ऑफ़ बड़ौदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए Mediwheel (Arcofemi Healthcare Limited) से संपर्क करें।



Bank of Baroda



AMARDEEP KUMAR

Manager

163291



Signature of Holder

Signature of Amardeep Kumar



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:	OSP33777	Date:	30/01/24	Time:	10:30
Patient Name:	family				
		Age / Sex:	82		
		Height:	152		
		Weight:	68.4		
History:	C/O common headache since Rt low vision 1 week so vision				
Allergy History:					
Nutritional Screening:	Well-Nourished / Malnourished / Obese				
Examination:	vv - 6/6 6/6 2/6 Color vision - normal				
Diagnosis:					

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:

Follow-up:

Consultant's Sign:

TANIYA PRAKASH  
32/F

13.04.2024 11:03:19 AM  
AASHKA HOSPITAL LTD.  
SARGASAN  
GANDHINAGAR

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

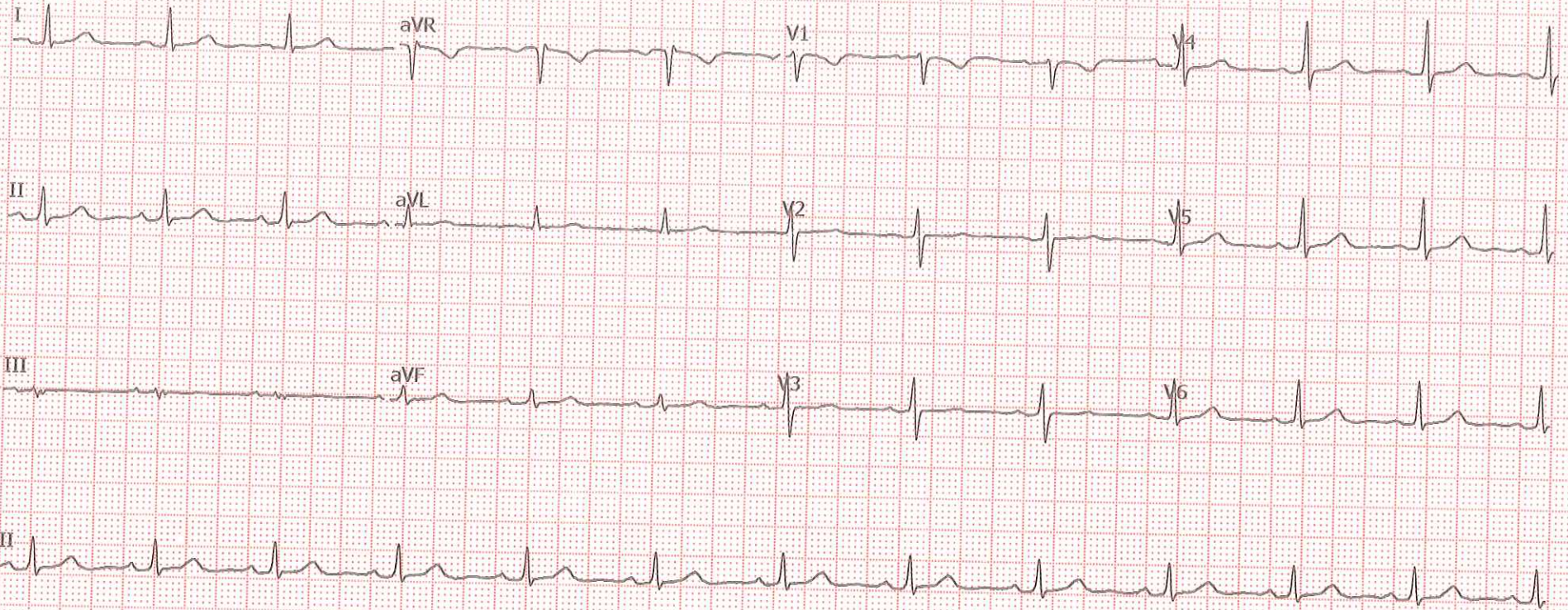
0459 LOT D 942 #  
Room:

74 bpm  
-- / -- mmHg

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 74 ms  
QT / QTcBaz : 384 / 426 ms  
PR : 170 ms  
P : 102 ms  
RR / PP : 810 / 810 ms  
P / QRS / T : 47 / 27 / 25 degrees

Normal sinus rhythm  
Normal ECG









**aashka**  
HOSPITAL



Cytological examination- Pap smear  
request form

Name: Tanya Prabhat, Age: 32 yr.

Complaints: None  
Anal: 7 yrs. Cyst

No of deliveries: none  
Last Delivery: 2012 sp. ABPM

History of abortion: 1st miscarried  
Dec '23 6-7 wks

H/O medical conditions associated:

DM   
HTN   
Thyroid

MH: REM, Reg: occasional  
LMP: 15 Feb

P/A:  
P/S: /  
P/V: ex-G

Sample:-  
Vagina   
Cervix

Doctors Sign:- [Signature]



Aashka Hospitals Ltd.

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

CIN: L85110GJ2012PLC072647



# aashka

## HOSPITAL

Tanya Paraskash

15/11/24

SIB Dr. Zafak Asadiyq

Pt. not brought

Reports: Sx + NAD

Mam  
Brey





## LABORATORY REPORT

Name : **TANYA PRAKASH**  
 Ref.By : **AASHKA HOSPITAL**  
 Bill. Loc. : **Aashka hospital**

Sex/Age : **Female/ 32 Years** Case ID : **40402200302**  
 Dis. At : Pt. ID : **3513163**  
 Pt. Loc :

Reg Date and Time : **13-Apr-2024 09:08** Sample Type :  
 Sample Date and Time : **13-Apr-2024 09:08** Sample Coll. By :  
 Report Date and Time : Acc. Remarks : **Normal**

Mobile No :  
 Ref Id1 : **OSP33777**  
 Ref Id2 :

### Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
<b>Glyco Hemoglobin (HbA1c)</b>			
HbA1C	<b>6.21</b>	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes
<b>Haemogram (CBC)</b>			
Haemoglobin	<b>10.4</b>	G%	12.0 - 15.0
PCV(Calc)	<b>33.70</b>	%	36.00 - 46.00
MCV (RBC histogram)	<b>81.8</b>	fL	83.00 - 101.00
MCH (Calc)	<b>25.3</b>	pg	27.00 - 32.00
MCHC (Calc)	<b>30.9</b>	gm/dL	31.50 - 34.50
<b>Lipid Profile</b>			
HDL Cholesterol	<b>43.1</b>	mg/dL	48 - 77
LDL Cholesterol	<b>114.41</b>	mg/dL	0.00 - 100.00
<b>Liver Function Test</b>			
Alkaline Phosphatase	<b>130.94</b>	U/L	46 - 116
Gamma Glutamyl Transferase	<b>49.45</b>	U/L	0 - 38
<b>Thyroid Function Test</b>			
TSH	<b>6.16</b>	µIU/mL	0.4 - 4.2
ESR	<b>38</b>	mm after 1hr	3 - 20
Plasma Glucose - F	<b>125.31</b>	mg/dL	70.0 - 100

### Abnormal Result(s) Summary End

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





## LABORATORY REPORT

Name : **TANYA PRAKASH** Sex/Age : **Female/ 32 Years** Case ID : **40402200302**  
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **3513163**  
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : **13-Apr-2024 09:08** Sample Type : **Whole Blood EDTA**  
 Sample Date and Time : **13-Apr-2024 09:08** Sample Coll. By :  
 Report Date and Time : **13-Apr-2024 10:02** Acc. Remarks : **Normal**  
 Mobile No :  
 Ref Id1 : **OSP33777**  
 Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL_REF.	INTERVAL	REMARKS
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### HAEMOGRAM REPORT

HB AND INDICES	RESULTS	UNIT	EXPECTED VALUES	REMARKS
Haemoglobin	L 10.4	G%	12.0 - 15.0	
RBC (Electrical Impedance)	L 4.12	millions/cumm	3.80 - 4.80	
PCV(Calc)	L 33.70	%	36.00 - 46.00	
MCV (RBC histogram)	L 81.8	fL	83.00 - 101.00	
MCH (Calc)	L 25.3	pg	27.00 - 32.00	
MCHC (Calc)	L 30.9	gm/dL	31.50 - 34.50	
RDW (RBC histogram)	14.80	%	11.00 - 16.00	
TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)				
Total WBC Count	8040	/µL	4000.00 - 10000.00	

Neutrophil	[%]	EXPECTED VALUES	EXPECTED VALUES
	60.0	% 40.00 - 70.00	[Abs] 4824 /µL 2000.00 - 7000.00
Lymphocyte	32.0	% 20.00 - 40.00	2573 /µL 1000.00 - 3000.00
Eosinophil	4.0	% 1.00 - 6.00	322 /µL 20.00 - 500.00
Monocytes	4.0	% 2.00 - 10.00	322 /µL 200.00 - 1000.00
Basophil	0.0	% 0.00 - 2.00	0 /µL 0.00 - 100.00

### PLATELET COUNT (Optical)

Platelet Count	321000	/µL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	1.88		0.78 - 3.53

### SMEAR STUDY

**RBC Morphology**  
Microcytic hypochromic RBCs.

**WBC Morphology**  
Total WBC count within normal limits.

**Platelet**  
Platelets are adequate in number.

**Parasite**  
Malarial Parasite not seen on smear.

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



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







## LABORATORY REPORT



Name : **TANYA PRAKASH** Sex/Age : Female/ 32 Years Case ID : 40402200302  
Ref.By : AASHKA HOSPITAL Dis. At : Pt. ID : 3513163  
Bill. Loc. : Aashka hospital Pt. Loc. :  
Reg Date and Time : 13-Apr-2024 09:08 Sample Type : Whole Blood EDTA Mobile No. :  
Sample Date and Time : 13-Apr-2024 09:08 Sample Coll. By : Ref Id1 : OSP33777  
Report Date and Time : 13-Apr-2024 12:24 Acc. Remarks : Normal Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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ESR  
Westergren Method H 38 mm after 1hr 9 - 20

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



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M.D. (Pathologist)





## LABORATORY REPORT



Name : **TANYA PRAKASH**

Sex/Age : Female/ 32 Years Case ID : 40402200302

Ref.By : AASHKA HOSPITAL

Dis. At : Pt. ID : 3513163

Bill. Loc. : Aashka hospital

Pt. Loc :

Reg Date and Time : 13-Apr-2024 09:08

Sample Type : Whole Blood EDTA

Mobile No :

Sample Date and Time : 13-Apr-2024 09:08

Sample Coll. By :

Ref Id1 : OSP33777

Report Date and Time : 13-Apr-2024 09:41

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

AB

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 : **TANYA PRAKASH**  
 Ref.By : **AASHKA HOSPITAL**  
 Bill. Loc. : **Aashka hospital**

Sex/Age : **Female/ 32 Years**      Case ID : **40402200302**  
 Dis. At :                                      Pt. ID : **3513163**  
 Pt. Loc :

Reg Date and Time : **13-Apr-2024 09:08**  
 Sample Date and Time : **13-Apr-2024 09:08**  
 Report Date and Time : **13-Apr-2024 15:55**

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

Sample Coll. By :

Acc. Remarks : **Normal**

Mobile No :

Ref Id1 : **OSP33777**

Ref Id2 :

### RESULTS

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Plasma Glucose - F	H <b>125.31</b>	mg/dL	70.0 - 100	
Plasma Glucose - PP	<b>120.11</b>	mg/dL	70.0 - 140.0	
BUN (Blood Urea Nitrogen) GLDH	<b>9.0</b>	mg/dL	7.00 - 18.70	
Uric Acid Uricase	<b>5.88</b>	mg/dL	2.6 - 6.2	
Creatinine	<b>0.67</b>	mg/dL	0.50 - 1.50	

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

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 M.D. (Pathologist)





## LABORATORY REPORT

Name : **TANYA PRAKASH**  
 Ref.By : **AASHKA HOSPITAL**  
 Bill. Loc. : **Aashka hospital**  
 Sex/Age : **Female/ 32 Years**  
 Dis. At :  
 Case ID : **40402200302**  
 Pt. ID : **3513163**  
 Pt. Loc :

Reg Date and Time : **13-Apr-2024 09:08**  
 Sample Date and Time : **13-Apr-2024 09:08**  
 Report Date and Time : **13-Apr-2024 10:02**  
 Sample Type : **Whole Blood EDTA**  
 Sample Coll. By :  
 Acc. Remarks : **Normal**  
 Mobile No :  
 Ref Id1 : **OSP33777**  
 Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>Glycated Haemoglobin Estimation</b>				

HbA1C	H 6.21	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
<b>Estimated Avg Glucose (3 Mths)</b> <i>Calculated</i>	<b>131.53</b>	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)







## LABORATORY REPORT

Name : **TANYA PRAKASH**

Ref.By : **AASHKA HOSPITAL**

Bill. Loc. : **Aashka hospital**

Reg Date and Time : **13-Apr-2024 09:08**

Sample Type : **Serum**

Sample Date and Time : **13-Apr-2024 09:08**

Sample Coll. By :

Report Date and Time : **13-Apr-2024 15:55**

Acc. Remarks : **Normal**

Sex/Age : **Female/ 32 Years**

Case ID : **40402200302**

Dis. At :

Pt. ID : **3513163**

Pt. Loc :

Mobile No :

Ref Id1 : **OSP33777**

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>172.79</b>	mg/dL	110 - 200	
<b>HDL Cholesterol</b>	<b>L 43.1</b>	mg/dL	48 - 77	
<b>Triglyceride</b> <i>Glycerol Phosphate Oxidase</i>	<b>76.41</b>	mg/dL	<150	
<b>VLDL</b> <i>Calculated</i>	<b>15.28</b>	mg/dL	10 - 40	
<b>Cho/HDL</b> <i>Calculated</i>	<b>4.01</b>		0 - 4.1	
<b>LDL Cholesterol</b> <i>Calculated</i>	<b>H 114.41</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

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

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M.D. (Pathologist)

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Printed On : 13-Apr-2024 15:55





## LABORATORY REPORT



**Name :** TANYA PRAKASH  
**Ref.By :** AASHKA HOSPITAL  
**Bill. Loc. :** Aashka hospital  
**Sex/Age :** Female/ 32 Years  
**Dis. At :**  
**Case ID :** 40402200302  
**Pt. ID :** 3513163  
**Pt. Loc :**  
**Reg Date and Time :** 13-Apr-2024 09:08  
**Sample Type :** Serum  
**Sample Date and Time :** 13-Apr-2024 09:08  
**Sample Coll. By :**  
**Report Date and Time :** 13-Apr-2024 15:55  
**Acc. Remarks :** Normal  
**Mobile No :**  
**Ref Id1 :** OSP33777  
**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>	26.76	U/L	14 - 59	
<b>S.G.O.T.</b> <i>UV with P5P</i>	23.25	U/L	15 - 37	
<b>Alkaline Phosphatase</b> <i>Enzymatic, PNPP-ALP</i>	H 130.94	U/L	46 - 116	
<b>Gamma Glutamyl Transferase</b> <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate</i>	H 49.45	U/L	0 - 38	
<b>Proteins (Total)</b> <i>Colorimetric, Biuret</i>	7.89	gm/dL	6.40 - 8.30	
<b>Albumin</b> <i>Bromocresol purple</i>	4.85	gm/dL	3.4 - 5	
<b>Globulin</b> <i>Calculated</i>	3.04	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>	0.49	mg/dL	0.3 - 1.2	
<b>Bilirubin Conjugated</b> <i>Diazotization reaction</i>	0.20	mg/dL	0 - 0.50	
<b>Bilirubin Unconjugated</b> <i>Calculated</i>	0.29	mg/dL	0 - 0.8	

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

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





## LABORATORY REPORT

Name : **TANYA PRAKASH**  
 Ref.By : **AASHKA HOSPITAL**  
 Bill. Loc. : **Aashka hospital**

Sex/Age : **Female/ 32 Years** Case ID : **40402200302**  
 Dis. At : Pt. ID : **3513163**  
 Pt. Loc :

Reg Date and Time : **13-Apr-2024 09:08** Sample Type : **Serum**  
 Sample Date and Time : **13-Apr-2024 09:08** Sample Coll. By :  
 Report Date and Time : **13-Apr-2024 11:08** Acc. Remarks : **Normal**

Mobile No :  
 Ref Id1 : **OSP33777**  
 Ref Id2 :

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

Triiodothyronine (T3)	97.02	ng/dL	70 - 204	
Thyroxine (T4) <i>CMA</i>	7.12	ng/dL	4.87 - 11.72	
TSH <i>CMA</i>	H 6.16	µIU/mL	0.4 - 4.2	

### INTERPRETATIONS

- Circulating TSH measurement has been used for screening for euthyroidism, screening and diagnosis for hyperthyroidism & hypothyroidism. Suppressed TSH (<0.01 µIU/mL) suggests a diagnosis of hyperthyroidism and elevated concentration (>7 µIU/mL) suggest hypothyroidism. TSH levels may be affected by acute illness and several medications including dopamine and glucocorticoids. Decreased (low or undetectable) in Graves disease. Increased in TSH secreting pituitary adenoma (secondary hyperthyroidism), PRTH and in hypothalamic disease thyrotropin (tertiary hyperthyroidism). Elevated in hypothyroidism (along with decreased T4) except for pituitary & hypothalamic disease.
- Mild to modest elevations in patient with normal T3 & T4 levels indicates impaired thyroid hormone reserves & incipient hypothyroidism (subclinical hypothyroidism).
- Mild to modest decrease with normal T3 & T4 indicates subclinical hyperthyroidism.
- Degree of TSH suppression does not reflect the severity of hyperthyroidism, therefore, measurement of free thyroid hormone levels is required in patient with a suppressed TSH level.

### CAUTIONS

Sick, hospitalized patients may have falsely low or transiently elevated thyroid stimulating hormone. Some patients who have been exposed to animal antigens, either in the environment or as part of treatment or imaging procedure, may have circulating antianimal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

### TSH ref range in pregnancy

First trimester  
 Second trimester  
 Third trimester

### Reference range (microIU/ml)

0.24 - 2.00  
 0.43-2.2  
 0.8-2.5

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

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





## LABORATORY REPORT

Name : **TANYA PRAKASH**  
 Ref.By : **AASHKA HOSPITAL**  
 Bill. Loc. : **Aashka hospital**

Sex/Age : **Female/ 32 Years**      Case ID : **40402200302**  
 Dis. At :                                      Pt. ID : **3513163**  
 Pt. Loc :

Reg Date and Time : **13-Apr-2024 09:08**      Sample Type : **Serum**  
 Sample Date and Time : **13-Apr-2024 09:08**      Sample Coll. By :  
 Report Date and Time : **13-Apr-2024 11:08**      Acc. Remarks : **Normal**

Mobile No :  
 Ref Id1 : **OSP33777**  
 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, suppressed 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 levels 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 (microtU/ml)

First trimester 0.24 - 2.00

Second trimester 0.43-2.7

Third trimester 0.8-2.5

	T3	T4	TSH
Normal Thyroid function	N	N	N
Primary Hypothyroidism	↑	↑	↓
Secondary Hypothyroidism	↑	↑	↑
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)







## LABORATORY REPORT

Name : TANYA PRAKASH

Ref.By : AASHIKA HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 32 Years

Case ID : 40402200302

Dis. At :

Pt. ID : 3513163

Pt. Loc :

Reg Date and Time : 13-Apr-2024 09:08

Sample Type : Spot Urine

Sample Date and Time : 13-Apr-2024 09:08

Sample Coll. By :

Mobile No :

Report Date and Time : 13-Apr-2024 11:08

Acc. Remarks : Normal

Ref Id1 : OSP33777

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	1.005	1.005 - 1.030
pH	<5.5	5 - 8
Leucocytes (ESTERASE)	Negative	Negative
Protein	Negative	Negative
Glucose	Negative	Negative
Ketone Bodies Urine	Negative	Negative
Urobilinogen	Negative	Negative
Bilirubin	Negative	Negative
Blood	Negative	Negative
Nitrite	Negative	Negative

### Flowcytometric Examination By Sysmex UF-5000

Leucocyte	Nil	/HPF	Nil
Red Blood Cell	Nil	/HPF	Nil
Epithelial Cell	Present +	/HPF	Present(+)
Bacteria	Nil	/µL	Nil
Yeast	Nil	/µL	Nil
Cast	Nil	/HPF	Nil
Crystals	Nil	/HPF	Nil

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

Dr. Shreya Shah

M.D. (Pathologist)





## LABORATORY REPORT

Name : **TANYA PRAKASH** Sex/Age : Female/ 32 Years Case ID : 40402200302  
 Ref.By : AASHKA HOSPITAL Dis. At : Pt. ID : 3513163  
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 13-Apr-2024 09:08 Sample Type : Spot Urine Mobile No :  
 Sample Date and Time : 13-Apr-2024 09:08 Sample Coll. By : Ref Id1 : OSP33777  
 Report Date and Time : 13-Apr-2024 11:08 Acc. Remarks : Normal 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
Glucose	mg/dL	Negative (<30)	30	50	100	300
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/Notations			
			Trace	+	++	+++
Leukocytes (Strip)	/micro L	Negative (<10)	10	25	100	500
Nitrite(Strip)	-	Negative	-	-	-	-
Erythrocytes(Strip)	/micro L	Negative (<5)	10	25	50	150
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-Very Low,L-Low,H-High,HH-Very High ,A-Abnormal)

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



Aashka Hospitals Ltd.

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CIN: L85110GJ2012PLC072647

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



**PATIENT NAME: TANYA PARKASH**

**GENDER/AGE: Female / 31 Years**

**DOCTOR:**

**OPDNO: OSP33777**

**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 collapsed.

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

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

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

Right kidney measures about 10.1 x 4.6 cms in size.

Left kidney measures about 10.6 x 4.8 cms in size.

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

Aorta, IVC and para aortic region appears normal.

No evidence of ascites is seen.

**BLADDER:** Bladder is normally distended and appears normal. No evidence of bladder calculus, diverticulum or mass lesion is seen.

**UTERUS:** Uterus is anteverted and appears normal in size, shape and position. Endometrial and myometrial echoes appear normal. Endometrial thickness measures about 8 mm. No evidence of uterine mass lesion is seen.

**OVARIES:** Both ovaries appear normal in size and shape. No e/o any adnexal mass seen. No e/o free fluid seen in cul-de-sac.

### COMMENT:

Fatty liver grade I.

Normal sonographic appearance of Pancreas, spleen, kidneys, para-aortic region, bladder and uterus.


  
RADIOLOGIST

DR. MEHUL PATELIYA



Aashka Hospitals Ltd.

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



PATIENT NAME: TANYA PARKASH

GENDER/AGE: Female / 31 Years

DOCTOR:

OPDNO: OSP33777

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: TANYA PARKASH  
GENDER/AGE: Female / 31 Years  
DOCTOR: DR.HASIT JOSHI  
OPDNO: OSP33777

DATE: 13/04/24

2D-ECHO

MITRAL VALVE	: NORMAL
AORTIC VALVE	: NORMAL
TRICUSPID VALVE	: NORMAL
PULMONARY VALVE	: NORMAL
AORTA	: 30mm
LEFT ATRIUM	: 30mm
LV Dd / Ds	: 38/24mm
IVS / LVPW / D	: EF 60%
IVS	: INTACT
IAS	: INTACT
RA	: NORMAL
RV	: NORMAL
PA	: NORMAL
PERICARDIUM	: NORMAL
VEL	: PEAK MEAN
M/S	: Gradient mm Hg
MITRAL	: 1.0/0.8m/s
AORTIC	: 1.24m/s
PULMONARY	: 1.0m/s
COLOUR DOPPLER	: TRIVIAL TR, NO PAH
RVSP	: 40mmHg
CONCLUSION	: NORMAL LV SIZE / SYSTOLIC FUNCTION.

  
CARDIOLOGIST  
DR.HASIT JOSHI (9825012235)

