

F1360



aashka
HOSPITAL



Patient Name : SHRUTI SHARMA

Gender : Male Female Age : 33 Years

OP No. : OSP33650 IP No. : _____

Treating Doctor : MEDIWHEEL

9/03/24
at 4:00pm

PT Name - Shrutu
32 yr / F

NO any active complaints
NO any other co-morbidities.

P - 67 mmHg
BP - 110/70 mmHg
SpO₂ - 98% on RA
RS / NAD
WS / NAD

All blood
investigation noted,

KR - NAD

EKG - WSR

D Echo - EF 60%.

PAH - Barduline
① LV fun.

USG Abdo - agnensis of Rt
Kidney
! foreign body
Ant ist
part R duodenum.

all
- general surgeon
opinion.



Prescription

Prescription

Prescription

PATIENT NAME: SHRUTI OMPRAKASH SHARMA

GENDER/AGE: Female / 32 Years

DATE: 09/03/24

DOCTOR:

OPDNO: OSP33450

SONOGRAPHY OF ABDOMEN AND PELVIS

LIVER: Liver appears normal in size and normal parenchymal echoes. No evidence of focal lesion is seen. No evidence of dilated IHBR is seen. Intrahepatic portal radicals 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: No evidence of renal calculus, renal hydronephrosis or mass lesion is seen on either side. No evidence of perinephric fluid collection is seen.

Right kidney not seen in right renal fossa, suggestive of ? agenesis ? atrophied.

Left kidney appears mild bulky in size and mild echogenic with partial loss of cortico-medullary differentiation. Adv: RFT correlation.

Left kidney measures about 11.2 x 5.0 cms in size.

Aorta, IVC and para aortic region appears normal.

No evidence of ascites is seen.

BLADDER: Bladder is normally distended and normal wall thickening. 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.

Rounded Metallic foreign body (? coin) seen in right hypochondriac region, ? in 1st part of duodenum.

COMMENT:

- Right kidney not seen in right renal fossa, suggestive of ? agenesis ? atrophied.
- Compensatory Left kidney appears mild bulky in size and mild echogenic with partial loss of cortico-medullary differentiation. Adv: RFT correlation.
- Rounded Metallic foreign body (? coin) in right hypochondriac region, ? in 1st part of duodenum.
- Normal sonographic appearance of liver, GB, pancreas, spleen, bladder, uterus.



RADIOLOGIST

Dr. MEHUL S. PATEL, G-27576

PATIENT NAME: SHRUTI OMPRAKASH SHARMA

DATE: 09/03/24

GENDER/AGE: Female / 32 Years

DOCTOR: DR. HASIT JOSHI

OPDNO: OSP33450

2D-ECHO

MITRAL VALVE	: GRADE II MVP	
AORTIC VALVE	: NORMAL	
TRICUSPID VALVE	: NORMAL	
PULMONARY VALVE	: NORMAL	
AORTA	: 25mm	
LEFT ATRIUM	: 24mm	
LV Dd / Ds	: 29/17mm	EF 60%
IVS / LVPW / D	: 7/6mm	
IVS	: INTACT	
IAS	: INTACT	
RA	: NORMAL	
RV	: NORMAL	
PA	: NORMAL	
PERICARDIUM	: THIN RIM OF PERICARDIAL EFFUSION	
VEL	: PEAK	MEAN
M/S	: Gradient mm Hg	Gradient mm Hg
MITRAL	: 1.2/0.6m/s	
AORTIC	: 1.16m/s	
PULMONARY	: 0.8m/s	
COLOUR DOPPLER	: MILD TR	
RVSP	: 34mmHg	
CONCLUSION	: NORMAL LV SYSTOLIC FUNCTION; .MILD TR; BORDERLINE PAH; THIN RIM OF PE.	

CARDIOLOGIST
 DR. HASIT JOSHI (9825012235)

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



PATIENT NAME: SHRUTI OMPRAKASH SHARMA

GENDER/AGE: Female / 32 Years

DATE: 09/03/24

DOCTOR:

OPDNO: OSP33450

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



LABORATORY REPORT



Name : SHRUTI SHARMA
 Ref. By : AASHKA HOSPITAL
 Bill. Loc. : Aashka hospital

Sex/Age : Female/ 32 Years
 Dis. At :

Case ID : 40302200270
 Pt. ID : 3415729
 Pt. Loc :

Reg Date and Time : 09-Mar-2024 09:09
 Sample Date and Time : 09-Mar-2024 09:09
 Report Date and Time :

Sample Type :
 Sample Coll. By :
 Acc. Remarks : Normal

Mobile No : 9409423077
 Ref Id1 : OSP33450
 Ref Id2 :

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Blood Urea Nitrogen (BUN)	6.4	mg/dL	7.00 - 18.70
BUN (Blood Urea Nitrogen)			
Haemogram (CBC)	171	/ μ L	200.00 - 1000.00
Monocyte			

Abnormal Result(s) Summary End

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



LABORATORY REPORT

Name : SHRUTI SHARMA
 Ref. By : AASHKA HOSPITAL
 Bill. Loc. : Aashka hospital

Sex/Age : Female/ 32 Years
 Dis. At :

Case ID : 40302200270

Pt. ID : 3415729

Pt. Loc :

Reg Date and Time : 09-Mar-2024 09:09

Sample Date and Time : 09-Mar-2024 09:09

Report Date and Time : 09-Mar-2024 11:13

Sample Type : Whole Blood EDTA

Sample Coll. By :

Acc. Remarks : Normal

Mobile No : 9409423077

Ref Id1 : OSP33450

Ref Id2 :

TEST

RESULTS

UNIT

BIOLOGICAL REF. INTERVAL REMARKS

HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin	13.9	G%	12.0 - 15.0
RBC (Electrical Impedance)	4.56	millions/cumm	3.80 - 4.80
PCV(Calc)	42.82	%	36.00 - 46.00
MCV (RBC histogram)	93.9	fL	83.00 - 101.00
MCH (Calc)	30.5	pg	27.00 - 32.00
MCHC (Calc)	32.5	gm/dL	31.50 - 34.50
RDW (RBC histogram)	13.80	%	11.00 - 16.00

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

TEST	RESULTS	UNIT	EXPECTED VALUES	[Abs]	EXPECTED VALUES
Total WBC Count	4270	/μL	4000.00 - 10000.00	2605	/μL 2000.00 - 7000.00
Neutrophil	61.0	%	40.00 - 70.00	1366	/μL 1000.00 - 3000.00
Lymphocyte	32.0	%	20.00 - 40.00	85	/μL 20.00 - 500.00
Eosinophil	2.0	%	1.00 - 6.00	L 171	/μL 200.00 - 1000.00
Monocytes	4.0	%	2.00 - 10.00	43	/μL 0.00 - 100.00
Basophil	1.0	%	0.00 - 2.00		

PLATELET COUNT (Optical)

Platelet Count	195000	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	1.91		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)

Printed On : 09-Mar-2024 14:09




LABORATORY REPORT



Name : SHRUTI SHARMA
Ref By : AASHKA HOSPITAL
Bill. Loc. : Aashika hospital
Sex/Age : Female/ 32 Years
Dis. At :
Case ID : 40302200270
PL ID : 3415729
PL Loc :
Reg Date and Time : 09-Mar-2024 09:09
Sample Type : Whole Blood EDTA
Sample Date and Time : 09-Mar-2024 09:09
Sample Coll. By :
Report Date and Time : 09-Mar-2024 11:55
Acc. Remarks : Normal
Mobile No : 9409423077
Ref Id1 : OSP33450
Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR Westergren Method	15		mm after 1hr 3 - 20	

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


Dr. Shreya Shah
 M.D (Pathologist)

Printed On : 09-Mar-2024 14:09





LABORATORY REPORT



Name : SHRUTI SHARMA	Sex/Age : Female/ 32 Years	Case ID : 40302200270
Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 3415729
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 09-Mar-2024 09:09	Sample Type : Whole Blood EDTA	Mobile No : 9409423077
Sample Date and Time : 09-Mar-2024 09:09	Sample Coll. By :	Ref Id1 : OSP33450
Report Date and Time : 09-Mar-2024 14:03	Acc. Remarks : Normal	Ref Id2 :

RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

TEST **HAEMATOLOGY INVESTIGATIONS**
BLOOD GROUP AND RH TYPING (Erythrocyte Magnetized Technology)
(Both Forward and Reverse Group)

ABO Type	O
Rh Type	POSITIVE

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

Dr. Shreya Shah
 M.D. (Pathologist)

Printed On : 09-Mar-2024 14:00



LABORATORY REPORT



Name : **SHRUTI SHARMA** Sex/Age : **Female/ 32 Years** Case ID : **40302200270**
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **3415729**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **09-Mar-2024 09:09** Sample Type : **Plasma Fluoride F, Plasma Fluoride PP, Serum** Mobile No : **9409423077**
 Sample Date and Time : **09-Mar-2024 09:09** Sample Coll. By : Ref Id1 : **OSP33450**
 Report Date and Time : **09-Mar-2024 13:05** Acc. Remarks : **Normal** Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Plasma Glucose - F <i>Photometric, Hexokinase</i>	94.13	mg/dL	70 - 100	
Plasma Glucose - PP	78.47	mg/dL	70.0 - 140.0	
BUN (Blood Urea Nitrogen) <i>GLDH</i>	L 6.4	mg/dL	7.00 - 18.70	
Uric Acid <i>Uricase</i>	3.65	mg/dL	2.6 - 6.2	
Creatinine	0.75	mg/dL	0.50 - 1.50	

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

Dr. Shreya Shah
 M.D. (Pathologist)

Printed On : 09-Mar-2024 14:09



LABORATORY REPORT



Name : SHRUTI SHARMA
 Ref. By : AASHKA HOSPITAL
 Bill. Loc. : Aashka hospital

Sex/Age : Female/ 32 Years
 Dis. At :

Case ID : 40302200270
 Pt. ID : 3415729
 Pt. Loc :

Reg Date and Time : 09-Mar-2024 09:09
 Sample Date and Time : 09-Mar-2024 09:09
 Report Date and Time : 09-Mar-2024 11:55

Sample Type : Whole Blood EDTA
 Sample Coll. By :
 Acc. Remarks : Normal

Mobile No : 9409423077
 Ref Id1 : OSP33450
 Ref Id2 :

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


Glycated Haemoglobin Estimation

HbA1C	5.29		% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	105.12	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)

Printed On : 09-Mar-2024 14:09





LABORATORY REPORT



Name : SHRUTI SHARMA Sex/Age : Female/ 32 Years Case ID : 40302200270
 Ref.By : AASHKA HOSPITAL Dis. At : Pt. ID : 3415729
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 09-Mar-2024 09:09 Sample Type : Serum Mobile No : 9409423077
 Sample Date and Time : 09-Mar-2024 09:09 Sample Coll. By : Ref Id1 : OSP33450
 Report Date and Time : 09-Mar-2024 13:04 Acc. Remarks : Normal Ref Id2 :

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

BIOCHEMICAL INVESTIGATIONS

Lipid Profile


Cholesterol <i>Colorimetric, CHOD-POD</i>	157.28	mg/dL	110 - 200
HDL Cholesterol	53.9	mg/dL	48 - 77
Triglyceride <i>Glycerol Phosphate Oxidase</i>	59.46	mg/dL	<150
VLDL <i>Calculated</i>	11.89	mg/dL	10 - 40
Chol/HDL <i>Calculated</i>	2.92		0 - 4.1
LDL Cholesterol <i>Calculated</i>	91.49	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 interpreation available from the lab
- All tests are done according to NCEP guidelines and with FDA approved kits.
- LDL Cholesterol level is primary goal for treatment and varies with risk category and assesment

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


 Dr. Shreya Shah
 M.D. (Pathologist)

Printed On : 09-Mar-2024 14:09



LABORATORY REPORT



Name : SHRUTI SHARMA	Sex/Age : Female/ 32 Years	Case ID : 40302200270
Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 3415729
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 09-Mar-2024 09:09	Sample Type : Serum	Mobile No : 9409423077
Sample Date and Time : 09-Mar-2024 09:09	Sample Coll. By :	Ref Id1 : OSP33450
Report Date and Time : 09-Mar-2024 14:08	Acc. Remarks : Normal	Ref Id2 :

RESULTS UNIT BIOLOGICAL REF RANGE REMARKS


TEST

BIOCHEMICAL INVESTIGATIONS

Liver Function Test

S.G.P.T. <i>UV with P5P</i>	14.84	U/L	14 - 59
S.G.O.T. <i>UV with P5P</i>	20.53	U/L	15 - 37
Alkaline Phosphatase <i>Enzymatic, PNPP-AMP</i>	62.32	U/L	46 - 116
Gamma Glutamyl Transferase <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate</i>	18.61	U/L	0 - 38
Proteins (Total) <i>Colorimetric, Biuret</i>	7.20	gm/dL	6.40 - 8.30
Albumin <i>Bromocresol purple</i>	4.83	gm/dL	3.4 - 5
Globulin <i>Calculated</i>	2.37	gm/dL	2 - 4.1
A/G Ratio <i>Calculated</i>	2.0		1.0 - 2.1
Bilirubin Total <i>Photometry</i>	0.47	mg/dL	0.3 - 1.2
Bilirubin Conjugated <i>Diazotization reaction</i>	0.22	mg/dL	0 - 0.50
Bilirubin Unconjugated <i>Calculated</i>	0.25	mg/dL	0 - 0.8

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


Dr. Shreya Shah
M.D. (Pathologist)

Printed On : 09-Mar-2024 14:09



LABORATORY REPORT

Name : SHRUTI SHARMA
 Ref. By : AASHKA HOSPITAL
 Bill. Loc. : Aashka hospital

Sex/Age : Female/ 32 Years
 Dis. At :

Case ID : 40302200270
 Pt. ID : 3415729
 Pt. Loc :

Reg Date and Time : 09-Mar-2024 09:09
 Sample Date and Time : 09-Mar-2024 09:09
 Report Date and Time : 09-Mar-2024 11:57

Sample Type : Serum
 Sample Coll. By :
 Acc. Remarks : Normal

Mobile No : 9409423077
 Ref Id1 : OSP33450
 Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Thyroid Function Test				
Triiodothyronine (T3)	108.47	ng/dL	70 - 204	
Thyroxine (T4) CMA	6.24	ng/dL	4.87 - 11.72	
TSH CMA	2.40	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)

Printed On : 09-Mar-2024 14:09



LABORATORY REPORT

Name : **SHRUTI SHARMA**
 Ref.By : **AASHKA HOSPITAL**
 Bill. Loc. : **Aashka hospital**
 Sex/Age : **Female/ 32 Years**
 Dis. At :
 Case ID : **40302200270**
 Pt. ID : **3415729**
 Pt. Loc :
 Reg Date and Time : **09-Mar-2024 09:09**
 Sample Date and Time : **09-Mar-2024 09:09**
 Report Date and Time : **09-Mar-2024 11:57**
 Sample Type : **Serum**
 Sample Coll. By :
 Acc. Remarks : **Normal**
 Mobile No : **9409423077**
 Ref Id1 : **OSP33450**
 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 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 Iodothyronine (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
 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 : 09-Mar-2024 14:09



LABORATORY REPORT



Name : SHRUTI SHARMA	Sex/Age : Female/ 32 Years	Case ID : 40302200270
Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 3415729
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 09-Mar-2024 09:09	Sample Type : Spot Urine	Mobile No : 9409423077
Sample Date and Time : 09-Mar-2024 09:09	Sample Coll. By :	Ref Id1 : OSP33450
Report Date and Time : 09-Mar-2024 10:14	Acc. Remarks : Normal	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 **7.00** 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

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


Dr. Shreya Shah
M.D. (Pathologist)

Printed On : 09-Mar-2024 14:09





LABORATORY REPORT



Name : **SHRUTI SHARMA**
 Ref. By : **AASHKA HOSPITAL**
 Bill. Loc. : **Aashka hospital**
 Sex/Age : **Female/ 32 Years**
 Dis. At :
 Case ID : **40302200270**
 Pt. ID : **3415729**
 Pt. Loc :

Reg Date and Time : **09-Mar-2024 09:09** Sample Type : **Spot Urine**
 Sample Date and Time : **09-Mar-2024 09:09** Sample Coll. By :
 Report Date and Time : **09-Mar-2024 10:14** Acc. Remarks : **Normal**
 Mobile No : **9409423077**
 Ref Id1 : **OSP33450**
 Ref Id2 :


Parameter	Unit	Expected value	Result/Notations				
			Trace	+	++	+++	++++
pH	-	4.6-8.0					
SG	-	1.003-1.035					
Protein	mg/dL	Negative (<10)	10	25	75	150	500
Glucose	mg/dL	Negative (<30)	30	50	100	300	1000
Bilirubin	mg/dL	Negative (0.2)	0.2	1	3	6	-
Ketone	mg/dL	Negative (<5)	5	15	50	150	-
Urobilinogen	mg/dL	Negative (<1)	1	4	8	12	-

Parameter	Unit	Expected value	Result/Notifications				
			Trace	+	++	+++	++++
Leukocytes (Strip)	/micro L	Negative (<10)	10	25	100	500	-
Nitrite(Strip)	-	Negative	-	-	-	-	-
Erythrocytes(Strip)	/micro L	Negative (<5)	10	25	50	150	250
Pus cells (Microscopic)	/hpf	<5	-	-	-	-	-
Red blood cells(Microscopic)	/hpf	<2	-	-	-	-	-
Cast (Microscopic)	/lpf	<2	-	-	-	-	-

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

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

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


Dr. Shreya Shah
 M.D. (Pathologist)

Printed On : 09-Mar-2024 14:09



09.03.2024 12:41:55 PM
ASHKA HOSPITAL LTD.
SARGASAN
GANDHINAGAR

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

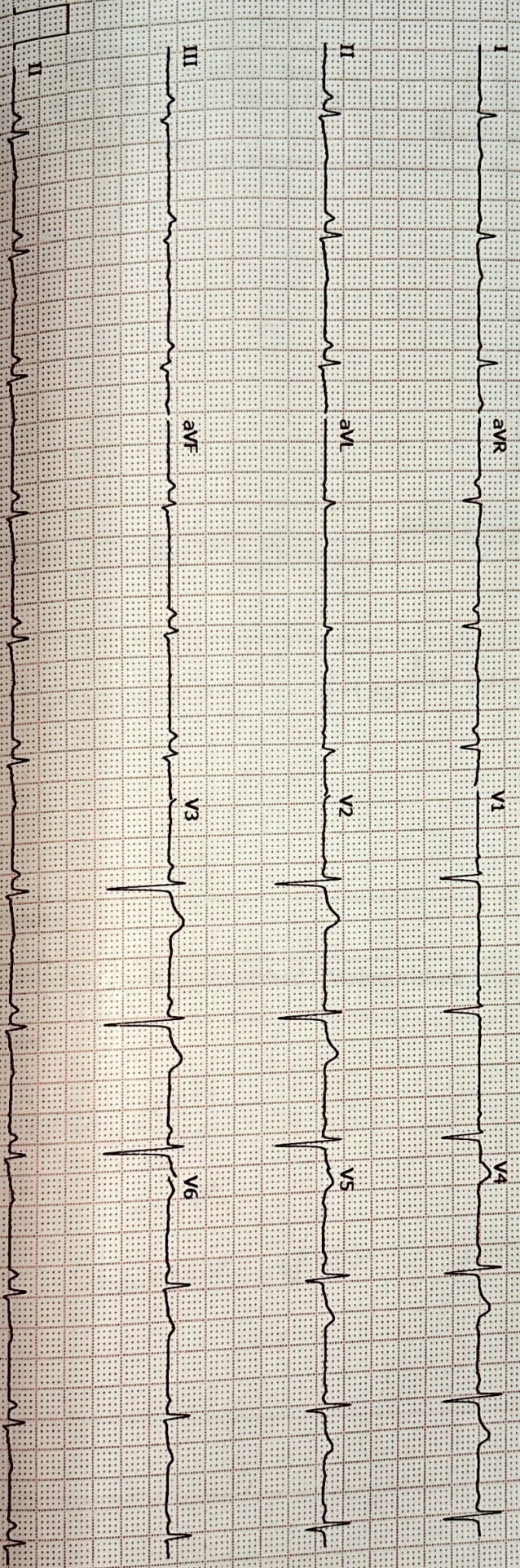
Room: 0459 LOT D 942 #

70 bpm
— / — mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 72 ms
QT / QTcBaz : 382 / 412 ms
PR : 124 ms
P : 88 ms
RR / PP : 852 / 857 ms
P / QRS / T : 72 / 18 / 25 degrees

Normal sinus rhythm
Normal ECG



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

Prescription

Prescription

Prescription

UHID:	Date: 9/03/2024	Time:
Patient Name: SHASHI SHARMA	Age / Sex: 32	Height: 145
		Weight: 35.8
History:	commy free as	
Allergy History:		
Nutritional Screening:	Well-Nourished / Malnourished / Obese	
Examination:	NU 6/6 6/6 ne colour white - normal	
Diagnosis:		