बैंक ऑफ़ बड़ौदा
Bank of Baroda

नाम Shailendrakumar Singh
Name

कर्मचारी कूट क्र. 102720
Employee Code No.

जारीकर्ता प्राधिकारी
Issuing Authority

धारक के हस्ताक्षर
Signature of Holder

Aashka Hospitals Ltd.
Between Sargasan and Reliance Cross Roads
Sargasan, Gandhinagar - 382421. Gujarat, India
Phone: 079-29750750, +91-7575006000 / 9000
Emergency No.: +91-7575007707 / 9879752777
www.aashkahospitals.in
CIN: L85110GJ2012PLC072647

aashka HOSPITAL

24/3/24

Vibha Sinha

Age: 52 yrs.

B leed.

Past M/H

4-5/28-30

R, M, PL.

— No Active Gynae R/o required.

O/H

4 FT - D/aden

LD: 23 yrs

SOP-

Adv

- USG, Abdomen & Pelvis.

- SOS F/up.

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

UHID: OSP 33591 Date: 23-03-24 Time: 11:30

Patient Name: [illegible]

Age /Sex:
Height: 149
Weight: 66.8

History:
Complaint [illegible]
pt [illegible]

Allergy History:

Nutritional Screening: Well-Nourished / Malnourished / Obese

Examination:
VA 6/9
6/9
with correction
6/6
6/6
N/6
colour vision - normal

Diagnosis: Refractive error

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:

Use gellusil.

Follow-up:

Consultant's Sign:

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

UHID: OSP33591 Date: 23/3/24 Time:

Patient Name: Vibha ben. Age /Sex:

Height: 149

Weight: 66.8

Chief Complain:

Routine dental check up.

History:

Allergy History:

Nutritional Screening: Well-Nourished / Malnourished / Obese

Examination:

Extra oral :

Intra oral – Teeth Present : Stain
Calculus

Teeth Absent : Carious teeth 54 | 5 / 8

— Open, Severe attrition present.

Diagnosis:

Rx

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

Other Advice:

→ Full Neeth Rehabilitation.

→ Healing

Follow-up:

Consultant's Sign:

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PATIENT SAFETY & QUALITY OF CARE ACCREDITED

Dr. MAULIK VYAS
M.B.B.S., D.T.C.D., T.D.D.
Reg.no: G-0749
CHEST PHYSICIAN, ALLERGY SPECIALIST and INTERVENTIONAL PULMONOLOGIST

NAME: VIBHA SINGA.

Date: 23/3/2024.

AGE: 50 yrs SEX: F.

Pulse= 74/min.

Height: Weight:

B.P. = 110/80 mmHg.

Chief Complains:

R.R.= 20/min.

HB = 10.3 %.

Spo2= 99%.

Temp.= (N).

R.B.S.= 90 mg/dl.

Body built / Nutritional status: ok.

Sleep cycle: (N)

Any known allergies: None.

E.C.G.: (N).

K/C/O: - DM-II, HTN, Thyroid, Hyperlipidemia, Asthma, COPD, TB, Cancer, ILD, etc.

On Rx Tab. Thyronorm 100 mcg. 1-0-0 x 10 yrs

Provisional Diagnosis: "FIT FOR DUTY"

*General Examination: -

Clubbing:

Cyanosis: (N)

Edema:

- Lymph node enlargement: (N)

*On Examination:-

-Breath sounds: Normal Breath sound/ Wheezing/Crackles/Stridor/Rhonchi/Plural friction rub.

- Chest movements: (N)

- Air entry : AE = BE.

Rx,

Adv: (1) Gynec. opinion.
(2) Follow up after (1) months.
(3) life style modification.

Rx

Tab. TONOFOLIC 1-0-0 x (1) months.

MOB: 9925650226

M.B. VYAS.

Advices:

1) Chest X ray (PA),

2) USG Abdomen ,

3) HRCT thorax (P)/ Contrast,

4) Skin Prick test for allergy / Allergy Screening Tests (By IMMUNO-EIA)

5) Pulmonary Function Test (PFT) with /without DLCO,

6) Bronchoscopy (Flexible / Rigid),

7) Plural fluid examination (Biochemical / Hematological / Bacteriological/TB-fungal culture/ Cytological),

8) Sputum Examination (Routine / Microscopic / Microbiological),

9) Blood investigations:-

- CBC, PS For MP, CRP, ESR, SGPT, S. Creatinine, S.electrolytes, HIV, HBsAg, Dengue NS1, Urine(R/M) , Widal test, VDRL test, Liver Function test , Kidney Function test, Lipid profile, Thyroid profile (T3,T4,TSH).

-ABG (Arterial blood gas),

-D- Dimmer level,

-Procalcitonin level,

-Alpha antitrypsin level,

-Total and specific Ig E level ,

-Angiotensis converting enzyme,

*<u>Tumor markers :-</u>

-CEA (carcinoembryonic antigen),

-CTFRA 21-1(Non small cell carcinoma),

-Neuron specific enolase (NSE)(Small cell carcinoma),

-SCC(Squamous cell carcinoma antigen),

-Mesothelin (Malignant mesothelioma),

10) Follow up after days/months.

11) Inform SOS.

12) Admission.

Dr. Maulik Vyas

, Vibha singh

23.03.2024 11:33:45 AM
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SARGASAN
GANDHINAGAR

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

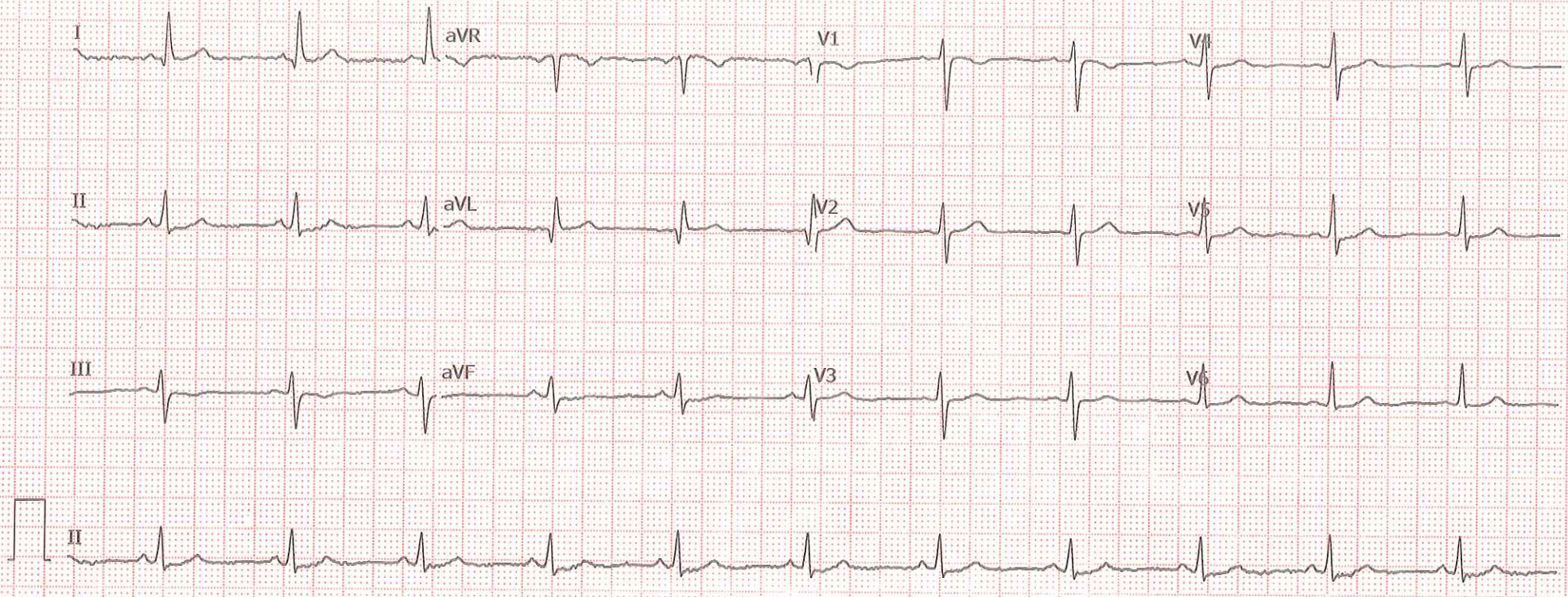
Room:

69 bpm
-- / -- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS :	78 ms
QT / QTcBaz :	362 / 387 ms
PR :	128 ms
P :	80 ms
RR / PP :	872 / 869 ms
P / QRS / T :	54 / 12 / 11 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

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aashka HOSPITAL

PATIENT NAME:WIBHA SINGH
GENDER/AGE:Female / 50 Years
DOCTOR:
OPDNO:OSP33591

DATE:23/03/24

MAMMOGRAM OF BOTH BREASTS

Dedicated digital mammography with Craniocaudal and medio lateral oblique view was performed.

RIGHT BREAST

Subtle soft tissue opacity seen in right upper quadrant only seen in MLO view. Adv: clinical correlation and SOS USG if clinically indicated.
Fibrofatty and glandular parenchyma is noted on either side.
No definite evidence of abnormal microcalcification or architectural distortion is seen.
No evidence of skin thickening or nipple retraction is seen.

LEFT BREAST

Fibrofatty and glandular parenchyma is noted on either side.
No definite evidence of mass, abnormal microcalcification or architectural distortion is seen.
No evidence of skin thickening or nipple retraction is seen.

COMMENT:

- **Subtle soft tissue opacity seen in right upper quadrant only seen in MLO view. Adv: clinical correlation and SOS USG if clinically indicated.**
- **Normal mammography of breast on either side.**

(BIRADS - Category - 0/I on right side and I on left side).

BIRADS Categories:

0 Need imaging evaluation.
I Negative.
II Benign finding.
III Probably benign finding.
IV Suspicious abnormality.
V Highly suggestive of malignancy.
VI Biopsy proven malignancy.

The false negative mammography is approximately 10%. Management of a palpable abnormality must be based upon clinical grounds.

Screening mammogram:
Women with no symptoms
AGE: 35-39: Baseline study.
AGE: 40-49: Every 1-2 years
AGE: 50 and above: Every year

RADIOLOGIST
Dr.MEHUL S. PATELIYA, G-27576

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PATIENT NAME:WIBHA SINGH
GENDER/AGE:Female / 50 Years
DOCTOR:
OPDNO:OSP33591

DATE:23/03/24

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 mildly enlarged 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

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PATIENT NAME:WIBHA SINGH
GENDER/AGE:Female / 50 Years
DOCTOR:
OPDNO:OSP33591

DATE:23/03/24

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: 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, renal hydronephrosis or mass lesion is seen on either side. No evidence of perinephric fluid collection is seen.

Right kidney measures about 10.4 x 4.1 cms in size.
Left kidney measures about 10.2 x 4.0 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 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.

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

RADIOLOGIST
DR.MEHUL PATELIYA

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aashka HOSPITAL

PATIENT NAME:WIBHA SINGH
GENDER/AGE:Female / 50 Years DATE:23/03/24
DOCTOR:DR.HASIT JOSHI
OPDNO:OSP33591

2D-ECHO

MITRAL VALVE	: MINIMALLY SCLEROSED	
AORTIC VALVE	: MINIMALLY SCLEROSED	
TRICUSPID VALVE	: NORMAL	
PULMONARY VALVE	: NORMAL	
AORTA	: 33mm	
LEFT ATRIUM	: 34mm	
LV Dd / Ds	: 40/29mm	EF 60%
IVS / LVPW / D	: 11/11mm	BORDERLINE 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	: 1.1/0.9m/s	
AORTIC	: 1.3m/s	
PULMONARY	: 1.0m/s	
COLOUR DOPPLER	: MILD MR/TR	
RVSP	: 28mmHg	
CONCLUSION	: BORDERLINE LVH; NORMAL LV FUNCTION.	

CARDIOLOGIST
DR.HASIT JOSHI (9825012235)

LABORATORY REPORT

Name	: WIBHA SINGH	Sex/Age	: Female/ 51 Years	Case ID	: 40302200642
Ref.By	: HOSPITAL	Dis. At	:	Pt. ID	: 3455396
Bill. Loc.	: Aashka hospital			Pt. Loc	:
Reg Date and Time	: 23-Mar-2024 10:43	Sample Type	:	Mobile No	:
Sample Date and Time	: 23-Mar-2024 10:43	Sample Coll. By	:	Ref Id1	: OSP33591
Report Date and Time	:	Acc. Remarks	: Normal	Ref Id2	: O232411332

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Blood Urea Nitrogen (BUN)			
BUN (Blood Urea Nitrogen)	**6.1**	mg/dL	9.80 - 20.10
Haemogram (CBC)			
Haemoglobin	**10.3**	G%	12.0 - 15.0
PCV(Calc)	**32.28**	%	36.00 - 46.00
MCV (RBC histogram)	**76.5**	fL	83.00 - 101.00
MCH (Calc)	**24.4**	pg	27.00 - 32.00
RDW (RBC histogram)	**18.10**	%	11.00 - 16.00
Lipid Profile			
LDL Cholesterol	**112.33**	mg/dL	0.00 - 100.00

Abnormal Result(s) Summary End

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

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contact@neubergsupratech.com www.neubergsupratech.com

LABORATORY REPORT

Name	: **WIBHA SINGH**		Sex/Age : **Female/ 51 Years**	Case ID	: **40302200642**
Ref.By	: HOSPITAL		Dis. At :	Pt. ID	: 3455396
Bill. Loc.	: Aashka hospital			Pt. Loc	:
Reg Date and Time	: 23-Mar-2024 10:43	Sample Type	: Whole Blood EDTA	Mobile No	:
Sample Date and Time	: 23-Mar-2024 10:43	Sample Coll. By	:	Ref Id1	: OSP33591
Report Date and Time	: 23-Mar-2024 11:23	Acc. Remarks	: Normal	Ref Id2	: O232411332

HAEMOGRAM REPORT

TEST		RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
HB AND INDICES					
Haemoglobin	L	**10.3**	G%	12.0 - 15.0	
RBC (Electrical Impedance)		4.22	millions/cumm	3.80 - 4.80	
PCV(Calc)	L	**32.28**	%	36.00 - 46.00	
MCV (RBC histogram)	L	**76.5**	fL	83.00 - 101.00	
MCH (Calc)	L	**24.4**	pg	27.00 - 32.00	
MCHC (Calc)		31.9	gm/dL	31.50 - 34.50	
RDW (RBC histogram)	H	**18.10**	%	11.00 - 16.00	
TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)					
Total WBC Count		8620	/µL	4000.00 - 10000.00	

	[%]		EXPECTED VALUES	[Abs]	EXPECTED VALUES
Neutrophil	60.0	%	40.00 - 70.00	5172	/µL 2000.00 - 7000.00
Lymphocyte	33.0	%	20.00 - 40.00	2845	/µL 1000.00 - 3000.00
Eosinophil	1.0	%	1.00 - 6.00	86	/µL 20.00 - 500.00
Monocytes	6.0	%	2.00 - 10.00	517	/µL 200.00 - 1000.00
Basophil	0.0	%	0.00 - 2.00	0	/µL 0.00 - 100.00

PLATELET COUNT (Optical)			
Platelet Count	231000	/µL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	1.82		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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LIMITATIONS OF REPORTING

[illegible]

[illegible]	Contact Numbers
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]

[illegible]	Contact Numbers
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[illegible]	[illegible]
[illegible]	[illegible]

[illegible]

[illegible] Branches in Ahmedabad

[illegible]

[illegible] Collection Centers in Ahmedabad

[illegible]

[illegible] Medicine

[illegible]

[illegible]

LABORATORY REPORT

Name	: **WIBHA SINGH**	Sex/Age	: **Female/ 51 Years**	Case ID	: **40302200642**
Ref.By	: HOSPITAL	Dis. At	:	Pt. ID	: 3455396
Bill. Loc.	: Aashka hospital			Pt. Loc	:
Reg Date and Time	: 23-Mar-2024 10:43	Sample Type	: Whole Blood EDTA	Mobile No	:
Sample Date and Time	: 23-Mar-2024 10:43	Sample Coll. By	:	Ref Id1	: OSP33591
Report Date and Time	: 23-Mar-2024 12:55	Acc. Remarks	: Normal	Ref Id2	: O232411332

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR *Westergren Method*	**04**	mm after 1hr	3 - 30	

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

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LABORATORY REPORT

Name	: **WIBHA SINGH**	Sex/Age	: **Female/ 51 Years**	Case ID	: **40302200642**
Ref.By	: HOSPITAL	Dis. At	:	Pt. ID	: 3455396
Bill. Loc.	: Aashka hospital			Pt. Loc	:
Reg Date and Time	: 23-Mar-2024 10:43	Sample Type	: Whole Blood EDTA	Mobile No	:
Sample Date and Time	: 23-Mar-2024 10:43	Sample Coll. By	:	Ref Id1	: OSP33591
Report Date and Time	: 23-Mar-2024 11:08	Acc. Remarks	: Normal	Ref Id2	: O232411332

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)

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M.D. (Pathologist)

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LABORATORY REPORT

Name	: **WIBHA SINGH**		Sex/Age	: **Female/ 51 Years**	Case ID : **40302200642**
Ref.By	: HOSPITAL		Dis. At	:	Pt. ID : 3455396
Bill. Loc.	: Aashka hospital				Pt. Loc :
Reg Date and Time	: 23-Mar-2024 10:43	Sample Type	: Plasma Fluoride F, Plasma Fluoride PP		Mobile No :
Sample Date and Time	: 23-Mar-2024 10:43	Sample Coll. By	:		Ref Id1 : OSP33591
Report Date and Time	: 23-Mar-2024 15:18	Acc. Remarks	: Normal		Ref Id2 : O232411332

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BIOCHEMICAL INVESTIGATIONS				
Blood Glucose Level (Fasting & Post Prandial)				
Plasma Glucose - F	**89.68**	mg/dL	70.0 - 100	
Plasma Glucose - PP *Photometric,Hexokinase*	**111.81**	mg/dL	70.0 - 140.0	

Referance range has been changed as per recent guidelines of ISPAD 2018.

<100 mg/dL : Normal level

100-<126 mg/dL: Impaired fasting glucoseer guidelines

>=126 mg/dL: Probability of Diabetes, Confirm as per guidelines

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

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M.D. (Pathologist)

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LABORATORY REPORT

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Ref.By	: HOSPITAL	Dis. At	:	Pt. ID	: 3455396
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Reg Date and Time	: 23-Mar-2024 10:43	Sample Type	: Whole Blood EDTA	Mobile No	:
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Report Date and Time	: 23-Mar-2024 11:23	Acc. Remarks	: Normal	Ref Id2	: O232411332

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Glycated Haemoglobin Estimation				
HbA1C	**4.93**	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) *Calculated*	**94.79**	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)

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M.D. (Pathologist)

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LABORATORY REPORT

Name	: WIBHA SINGH	Sex/Age	: Female/ 51 Years	Case ID	: 40302200642
Ref.By	: HOSPITAL	Dis. At	:	Pt. ID	: 3455396
Bill. Loc.	: Aashka hospital			Pt. Loc	:
Reg Date and Time	: 23-Mar-2024 10:43	Sample Type	: Serum	Mobile No	:
Sample Date and Time	: 23-Mar-2024 10:43	Sample Coll. By	:	Ref Id1	: OSP33591
Report Date and Time	: 23-Mar-2024 14:02	Acc. Remarks	: Normal	Ref Id2	: O232411332

TEST		RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BIOCHEMICAL INVESTIGATIONS					
Lipid Profile					
Cholesterol *Colorimetric, CHOD-POD*		187.36	mg/dL	110 - 200	
HDL Cholesterol		58.9	mg/dL	48 - 77	
Triglyceride *Glycerol Phosphate Oxidase*		80.63	mg/dL	<150	
VLDL *Calculated*		16.13	mg/dL	10 - 40	
Chol/HDL *Calculated*		3.18		0 - 4.1	
LDL Cholesterol *Calculated*	H	112.33	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 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

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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BIOCHEMICAL INVESTIGATIONS				
Liver Function Test				
S.G.P.T. *UV with P5P*	18.47	U/L	14 - 59	
S.G.O.T. *UV with P5P*	15.02	U/L	15 - 37	
Alkaline Phosphatase *Enzymatic, PNPP-AMP*	67.99	U/L	46 - 116	
Gamma Glutamyl Transferase *L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate*	11.39	U/L	0 - 38	
Proteins (Total) *Colorimetric, Biuret*	7.40	gm/dL	6.40 - 8.30	
Albumin *Bromocresol purple*	4.57	gm/dL	3.4 - 5	
Globulin *Calculated*	2.83	gm/dL	2 - 4.1	
A/G Ratio *Calculated*	1.6		1.0 - 2.1	
Bilirubin Total *Photometry*	0.42	mg/dL	0.3 - 1.2	
Bilirubin Conjugated *Diazotization reaction*	0.31	mg/dL	0 - 0.50	
Bilirubin Unconjugated *Calculated*	0.11	mg/dL	0 - 0.8	

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TEST		RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BUN (Blood Urea Nitrogen) *GLDH*	L	**6.1**	mg/dL	9.80 - 20.10	
Uric Acid *Uricase*		**3.32**	mg/dL	2.6 - 6.2	
Creatinine		**0.68**	mg/dL	0.50 - 1.50	

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Report Date and Time	: 23-Mar-2024 11:51	Acc. Remarks	: Normal	Ref Id2	: O232411332

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Thyroid Function Test				
Triiodothyronine (T3)	**64.02**	ng/dL	40 - 181	
Thyroxine (T4) *CMIA*	**8.21**	ng/dL	4.87 - 11.72	
TSH *CMIA*	**0.87**	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 & incipent 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 supressed 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)

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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 hormons vary according trimesper in pregnancy.

TSH ref range in Pregnacy	Reference range (microIU/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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Sample Date and Time	: 23-Mar-2024 10:43	Sample Coll. By	:	Ref Id1	: OSP33591
Report Date and Time	: 23-Mar-2024 11:57	Acc. Remarks	: Normal	Ref Id2	: O232411332

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	**6.00**		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**	/HPF	Nil	
Crystals	**Nil**	/HPF	Nil	

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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.

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