

****सावधान:** यह मेल बैंक डोमेन के बाहर से आया है।
अगर आप प्रेषक को नहीं जानते तो मेल में दी गयी
लिंक पर क्लिक ना करें या अटैचमेंट ना खोलें।

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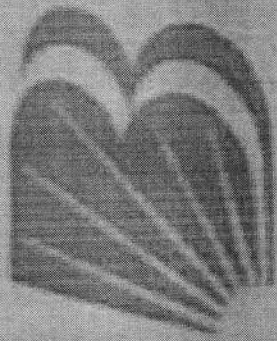
Dear **VESHALI**,

Please find the confirmation for following request.

Booking Date : 08-04-2023
Package Name : Medi-Wheel Metro Full Body Health Checkup Female Below 40
Name of Diagnostic/Hospital : Aashka Multispeciality Hospital
Address of Pincode : 382315
Appointment Date : 15-04-2023
Confirmation Status : Confirmed
Preferred Time : 8:00am-9:00am
Comment : APPOINTMENT TIME 8:30AM

Instructions to undergo Health Check:

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
3. Bring urine sample in a container if possible (containers are available at the Health Check centre)



बैंक ऑफ़ बड़ोदा
Bank of Baroda

नाम

निलय मुकुन्दकुमार आनंद

Name

NILAY MUKUNDKUMAR ANAND

कर्मचारी कूट क्र.

E.C. No.

89325

जारीकर्ता प्राधिकारी
Issuing Authority



Nilay

धारक के हस्ताक्षर

Signature of Holder

DR. PRAKASH D MAKWANA

M.D.

REG.NO.G-29078

UHID:		Date: 15/04/2023	Time: 5:58 PM
Patient Name: VAISHALI		Height:	
Age / Sex: 37YR / F	LMP:	Weight:	
History:			
C/O: ROUTINE HEALTH CHECKUP		History: NO	
Allergy History: NKDA		Addiction: NO	
<input checked="" type="checkbox"/> Nutritional Screening: Well-Nourished / Malnourished / Obese			
Vitals & Examination:			
Temperature: (N)			
Pulse: 83 / MINUTE			
BP: 100/60 MMHG			
SPO2: 98%			
Provisional Diagnosis:			

Advice:

Rx

No	Dosage Form	Name of drug (IN BLOCK LETTERS ONLY)	Dose	Route	Frequency	Duration
		- All (Tx) NOTED				
		- URO SURGEON OPINION				
		- T. MAX				

Insulin Scale	RBS- hourly	Diet Advice:	
< 150 -	300-350 -	Follow-up:	
150-200 -	350-400 -	Sign:	P.D. McKay
200-250 -	400-450 -		
250-300 -	> 450 -		



LABORATORY REPORT



Name : VAISHALI N ANAND	Sex/Age : Female/ 37 Years	Case ID : 30402200346
Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 2679810
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 15-Apr-2023 09:26	Sample Type :	Mobile No : 9978446552
Sample Date and Time : 15-Apr-2023 09:26	Sample Coll. By :	Ref Id1 : osp30236
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 : o2324438

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Haemogram (CBC)			
Haemoglobin	11.8	G%	12.00 - 15.00
PCV(Calc)	35.45	%	36.00 - 46.00
Lymphocyte	48.0	%	20.00 - 40.00
Lipid Profile			
VLDL	9.74	mg/dL	10 - 40
LDL Cholesterol	116.65	mg/dL	65 - 100
Liver Function Test			
S.G.P.T.	8.16	U/L	14 - 59
S.G.O.T.	14.18	U/L	15 - 37

Abnormal Result(s) Summary End

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

Page 1 of 12

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LABORATORY REPORT



Name : VAISHALI N ANAND	Sex/Age : Female/ 37 Years	Case ID : 30402200346
Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 2679810
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 15-Apr-2023 09:26	Sample Type : Whole Blood EDTA	Mobile No : 9978446552
Sample Date and Time : 15-Apr-2023 09:26	Sample Coll. By :	Ref Id1 : osp30236
Report Date and Time : 15-Apr-2023 09:46	Acc. Remarks : Normal	Ref Id2 : o2324438

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin	L 11.8	G%	12.00 - 15.00
RBC (Electrical Impedance)	4.22	millions/cumm	3.80 - 4.80
PCV(Calc)	L 35.45	%	36.00 - 46.00
MCV (RBC histogram)	84.0	fL	83.00 - 101.00
MCH (Calc)	27.8	pg	27.00 - 32.00
MCHC (Calc)	33.1	gm/dL	31.50 - 34.50
RDW (RBC histogram)	15.10	%	11.00 - 16.00

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

TEST	RESULTS	UNIT	EXPECTED VALUES	[Abs]	EXPECTED VALUES
Total WBC Count	5850	/μL	4000.00 - 10000.00	2691	/μL 2000.00 - 7000.00
Neutrophil	46.0	%	40.00 - 70.00	2808	/μL 1000.00 - 3000.00
Lymphocyte	H 48.0	%	20.00 - 40.00	117	/μL 20.00 - 500.00
Eosinophil	2.0	%	1.00 - 6.00	234	/μL 200.00 - 1000.00
Monocytes	4.0	%	2.00 - 10.00	0	/μL 0.00 - 100.00
Basophil	0.0	%	0.00 - 2.00		

PLATELET COUNT (Optical)

Platelet Count	273000	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	0.96		0.78 - 3.53

SMEAR STUDY

RBC Morphology	Normocytic Normochromic RBCs.
WBC Morphology	Lymphocytosis
Platelet	Platelets are adequate in number.
Parasite	Malarial Parasite not seen on smear.

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

Shah

Dr. Manoj Shah
M.D. (Path. & Bact.)

Dr. Shreya Shah
M.D. (Pathologist)



LABORATORY REPORT



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Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 2679810
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 15-Apr-2023 09:26	Sample Type : Whole Blood EDTA	Mobile No : 9978446552
Sample Date and Time : 15-Apr-2023 09:26	Sample Coll. By :	Ref Id1 : osp30236
Report Date and Time : 15-Apr-2023 11:23	Acc. Remarks : Normal	Ref Id2 : o2324438

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR	08	mm after 1hr	3 - 20	

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

Page 3 of 12

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LABORATORY REPORT



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Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 2679810
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 15-Apr-2023 09:26	Sample Type : Whole Blood EDTA	Mobile No : 9978446552
Sample Date and Time : 15-Apr-2023 09:26	Sample Coll. By :	Ref Id1 : osp30236
Report Date and Time : 15-Apr-2023 09:44	Acc. Remarks : Normal	Ref Id2 : o2324438

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
Rh Type

B
POSITIVE

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

Page 4 of 12

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LABORATORY REPORT



Name : VAISHALI N ANAND	Sex/Age : Female/ 37 Years	Case ID : 30402200346
Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 2679810
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 15-Apr-2023 09:26	Sample Type : Spot Urine	Mobile No : 9978446552
Sample Date and Time : 15-Apr-2023 09:26	Sample Coll. By :	Ref Id1 : osp30236
Report Date and Time : 15-Apr-2023 10:38	Acc. Remarks : Normal	Ref Id2 : o2324438

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

Physical examination

Colour **Pale yellow**

Transparency **Clear**

Chemical Examination By Sysmex UC-3500

Sp.Gravity **1.025** 1.005 - 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** /ul Nil

Yeast **Nil** /ul Nil

Cast **Nil** /LPF Nil

Crystals **Nil** /HPF Nil

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

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LABORATORY REPORT



Name : VAISHALI N ANAND Sex/Age : Female/ 37 Years Case ID : 30402200346
 Ref.By : AASHKA HOSPITAL Dis. At : Pt. ID : 2679810
 Bill. Loc. : Aashka hospital Pt. Loc. :
 Reg Date and Time : 15-Apr-2023 09:26 Sample Type : Spot Urine Mobile No : 9978446552
 Sample Date and Time : 15-Apr-2023 09:26 Sample Coll. By : Ref Id1 : osp30236
 Report Date and Time : 15-Apr-2023 10:38 Acc. Remarks : Normal Ref Id2 : o2324438

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	-	-	-	-	-

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

Page 6 of 12

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LABORATORY REPORT



Name : VAISHALI N ANAND	Sex/Age : Female/ 37 Years	Case ID : 30402200346
Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 2679810
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 15-Apr-2023 09:26	Sample Type : Serum	Mobile No : 9978446552
Sample Date and Time : 15-Apr-2023 09:26	Sample Coll. By :	Ref Id1 : osp30236
Report Date and Time : 15-Apr-2023 11:45	Acc. Remarks : Normal	Ref Id2 : o2324438

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol <i>Colorimetric, CHOD-POD</i>	184.49	mg/dL	110 - 200	
HDL Cholesterol	58.1	mg/dL	48 - 77	
Triglyceride <i>Colorimetric-Arsenazo Method</i>	48.69	mg/dL	40 - 200	
VLDL <i>Calculated</i>	L 9.74	mg/dL	10 - 40	
Chol/HDL <i>Calculated</i>	3.18		0 - 4.1	
LDL Cholesterol <i>Calculated</i>	H 116.65	mg/dL	65 - 100	

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)

Page 7 of 12

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LABORATORY REPORT



Name : VAISHALI N ANAND	Sex/Age : Female/ 37 Years	Case ID : 30402200346
Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 2679810
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 15-Apr-2023 09:26	Sample Type : Serum	Mobile No : 9978446552
Sample Date and Time : 15-Apr-2023 09:26	Sample Coll. By :	Ref Id1 : osp30236
Report Date and Time : 15-Apr-2023 11:46	Acc. Remarks : Normal	Ref Id2 : o2324438

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Liver Function Test

S.G.P.T. <i>UV with P5P</i>	L 8.16	U/L	14 - 59	
S.G.O.T. <i>UV with P5P</i>	L 14.18	U/L	15 - 37	
Alkaline Phosphatase <i>Enzymatic, PNPP-AMP</i>	86.66	U/L	46 - 116	
Gamma Glutamyl Transferase <i>Enzymatic</i>	14.10	U/L	0.00 - 36.00	
Proteins (Total) <i>Colorimetric, Biuret</i>	7.26	gm/dL	6.4 - 8.2	
Albumin <i>Bromocresol purple</i>	4.79	gm/dL	3.4 - 5	
Globulin <i>Calculated</i>	2.47	gm/dL	2 - 4.1	
A/G Ratio <i>Calculated</i>	1.9		1.0 - 2.1	
Bilirubin Total	0.32	mg/dL	0.2 - 1.0	
Bilirubin Conjugated <i>Diazotized Sulfanilic Acid Method</i>	0.16	mg/dL	0 - 0.20	
Bilirubin Unconjugated <i>Calculated</i>	0.16	mg/dL	0 - 0.8	

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

Page 8 of 12

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LABORATORY REPORT

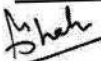


Name : **VAISHALI N ANAND** Sex/Age : **Female/ 37 Years** Case ID : **30402200346**
Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **2679810**
Bill. Loc. : **Aashka hospital** Pt. Loc :
Reg Date and Time : **15-Apr-2023 09:26** Sample Type : **Serum** Mobile No : **9978446552**
Sample Date and Time : **15-Apr-2023 09:26** Sample Coll. By : Ref Id1 : **osp30236**
Report Date and Time : **15-Apr-2023 11:46** Acc. Remarks : **Normal** Ref Id2 : **o2324438**

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BUN (Blood Urea Nitrogen) <i>GLDH</i>	10.1	mg/dL	6.00 - 20.00	
Creatinine	0.54	mg/dL	0.50 - 1.50	
Uric Acid <i>Uricase</i>	4.35	mg/dL	2.6 - 6.2	

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

Page 9 of 12



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Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 2679810
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 15-Apr-2023 09:26	Sample Type : Whole Blood EDTA	Mobile No : 9978446552
Sample Date and Time : 15-Apr-2023 09:26	Sample Coll. By :	Ref Id1 : osp30236
Report Date and Time : 15-Apr-2023 10:12	Acc. Remarks : Normal	Ref Id2 : o2324438

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Glycated Haemoglobin Estimation				
HbA1C	5.01	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	97.09	mg/dL		

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)

Page 10 of 12

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LABORATORY REPORT



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Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 15-Apr-2023 09:26	Sample Type : Serum	Mobile No : 9978446552
Sample Date and Time : 15-Apr-2023 09:26	Sample Coll. By :	Ref Id1 : osp30236
Report Date and Time : 15-Apr-2023 10:47	Acc. Remarks : Normal	Ref Id2 : o2324438

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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Thyroid Function Test

Triiodothyronine (T3)	76.69	ng/dL	70 - 204	
Thyroxine (T4) CMIA	5.5	ng/dL	5.5 - 11.0	
TSH CMIA	1.625	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

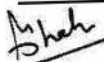
First trimester
Second trimester
Third trimester

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)

Page 11 of 12



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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 hormones vary according trimester in pregnancy.

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

	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/↑	↓

----- 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)

Page 12 of 12

Shah

Dr. Manoj Shah
M.D. (Path. & Bact.)

Dr. Shreya Shah
M.D. (Pathologist)

Printed On : 15-Apr-2023 17:39



Neuberg Supratech Reference Laboratories Private Limited

📍 "KEDAR" Opposite Krupa Petrol Pump, Near Parimal Garden, Ahmedabad - 380006
📞 079-40408181 / 61618181 ✉ contact@supratechlabs.com 🌐 www.neubergsupratech.com

PATIENT NAME: VAISHALI N ANAND
GENDER/AGE: Female / 36 Years
DOCTOR:
OPDNO: OSP30236

DATE: 15/04/23

2D-ECHO

MITRAL VALVE	: MILD MVP	
AORTIC VALVE	: NORMAL	
TRICUSPID VALVE	: NORMAL	
PULMONARY VALVE	: NORMAL	
AORTA	: 30mm	
LEFT ATRIUM	: 32mm	
LV Dd / Ds	: 37/24	EF-60%
IVS / LVPW / D	: 9/8	
IVS	: INTACT	
IAS	: FLOPPY	
RA	: NORMAL	
RV	: NORMAL	
PA	: NORMAL	
PERICARDIUM	: NORMAL	
VEL	: PEAK	MEAN
M/S	: Gradient mm Hg	Gradient mm Hg
MITRAL	: 0.8/0.6	
AORTIC	: 1.0	
PULMONARY	: 0.7	
COLOUR DOPPLER	: TRIVIAL MR/TR	
RVSP	: 26mmHg	
CONCLUSION	: NORMAL LV SIZE/SYSTOLIC FUNCTION	

CARDIOLOGIST
DR. HASIT JOSHI (9825012235)

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

UHID:	Date:	Time:
Patient Name: <i>Veishanti M. Anand</i>	Age / Sex:	Height:
	Weight:	
History: <i>cor. bowlin cheap</i>		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination: <i>um 616</i> <u>um</u> 616		
Diagnosis:		

Aashka Hospitals Ltd.
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www.aashkahospitals.in
CIN: L85110GJ2012PLC072647



PATIENT NAME:VAISHALI N ANAND

GENDER/AGE:Female / 36 Years

DATE:15/04/23

DOCTOR:

OPDNO:OSP30236

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: VAISHALI N ANAND

GENDER/AGE: Female / 36 Years

DATE: 15/04/23

DOCTOR:

OPDNO: OSP30236

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. **6 mm and 7 mm calculi are seen in right upper and lower calyx. 5.4 mm calculus is seen in left middle calyx. Simple cyst is seen in left mid pole.**

Right kidney measures about 9.9 x 4.2 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 appears normal. No evidence of bladder calculus, diverticulum or mass lesion is seen. Prevoid bladder volume measures about 190 cc.

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

COMMENT: 6 mm and 7 mm calculi seen in right upper and lower calyx. 5.4 mm calculus seen in left middle calyx. Simple cyst seen in left mid pole.

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


DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST

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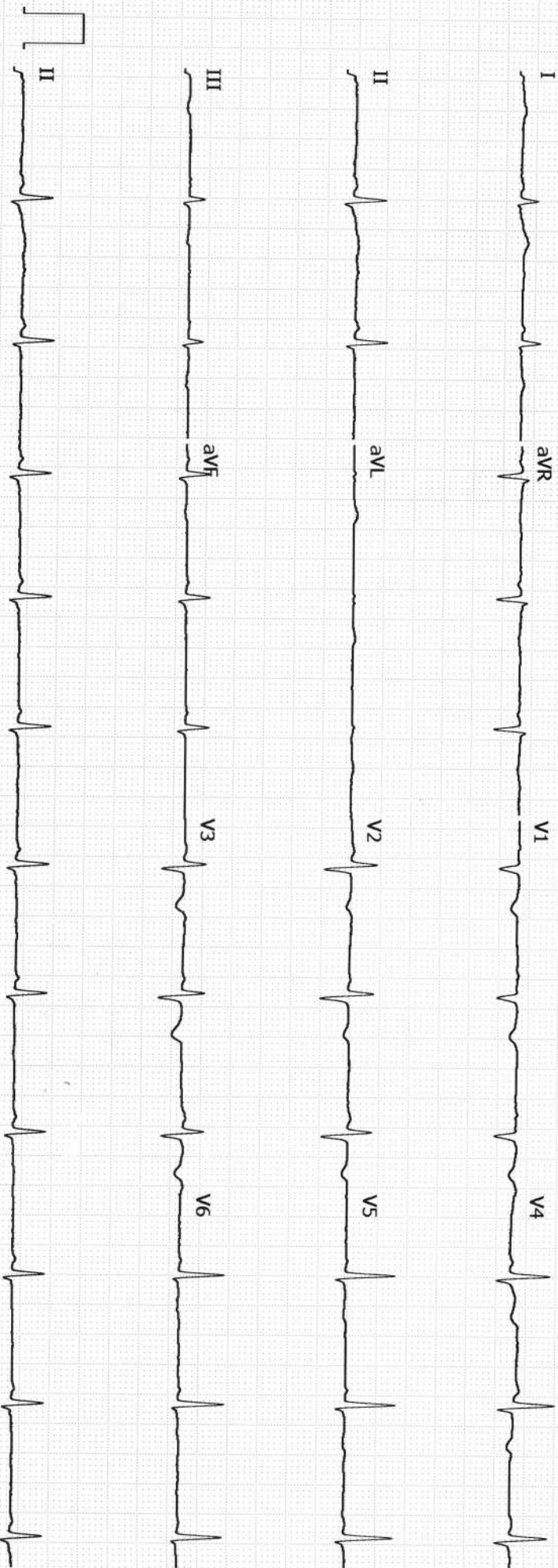
DR. SEJAL J AMIN
B.D.S, M.D.S (PERIODONTIST)
IMPLANTOLOGIST
REG NO: A-12942

UHID:	Date: 15/4/23	Time:
Patient Name: Vaishali W. Amonad.	Age / Sex: 36 / F	Height: Weight:
Chief Complain:	History: Routine dental check up.	
Allergy History:	Nutritional Screening: Well-Nourished / Malnourished / Obese	
Examination:	Extra oral: -	
Intra oral - Teeth Present :	Stain + Caries ++	
Teeth Absent :		
Diagnosis:	Non-sensitized chronic glycosuria	

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 72 ms
QT / QTcBaz : 372 / 393 ms
PR : 122 ms
P : 98 ms
RR / PP : 892 / 895 ms
P / QRS / T : 51 / 56 / 23 degrees

Normal sinus rhythm
T wave abnormality, consider anterior ischemia
Abnormal ECG



Name: Vaishali

Age: 36 yrs

Complaints:

Routine

No of deliveries:

2 ND

Last Delivery:

C.S 1 yr

History of abortion:

H/O medical conditions associated:

Last abortions:

DM

HTN

Thyroid

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

MH:

reg 3/30 Pain +
Reg: 1st 2 days

LMP:

1 wk ago

P/A:

C.S. scan. Suprapubic

P/S:

cx healthy

P/V:

ut Av, NS, M, B

Breast

Sample:-

Vagina
Cervix

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

Normal

Doctors Sign:-

[Signature]

11.50 AM

10/4/23

11.50 AM