



4:45 PM
 10/12/22.

Bodhdeo Sharma,
 58/Male.

Not any complaints now.

Not any Comorbidities.

Not any drug, allergic history.

^{very} Occasional - drinker - Alcohol.

HbA1c - 7.39

FBS - 133

PBS - 184.

ePT - 64

SGOT - 55. (↑)

Colot - 33

Hb - 16.2

WBC - 5700

PC - 28000

Urine R/M/NAD

Cr creatr - 0.90

TG - 349.

Temp. (n)

PR - 86/min

BP - 150/90 mmHg (↑)

RS - clear

CV - n Size

SpO2 - 98% RA.

USG: mild
 prostate
 enlarged.

PTO

Total Bili - 0.95

TSH - 1.3

UA - 1.33

2 P/ECHO (n)
 CRCPA (n)
 EEG - normal

Stop alcohol.

SRD (ADI) / FFD / exercise.

(R)

Tab. Carbophenazone XR (500) 1-0-1.
Tab. Telma (40) 1-0-0 } 60 days.

{
FBS
PP2BS
lipid profile
SGOT
SGOT.

after 2 month.

(plan) for Statins.
(10) OHA.

Shree

Aashka Hospitals Ltd.

Between Sargasan and Reliance Cross Roads
Sargasan, Gandhinagar - 382421. Gujarat, India
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www.aashkahospitals.in
CIN: L85110GJ2012PLC072647



aashka
HOSPITAL



name: Brijendra Sharma

Age: 58

Date: 10/12/22

C/O

Dr. Anurag

D.V. 2 GIC
GIC

W.R. 2 GIC
GIC

catu vishu nahi,

Dr.
ca find me
Sent to
Hospital

PATIENT NAME: BRAHMDEO SHARMA

GENDER/AGE: Male / 58 Years

DATE: 10/12/22

DOCTOR:

OPDNO: OSP29272

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 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 4.1 cms in size.
Left kidney measures about 9.6 x 4.2 cms in size.

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

Aorta, IVC and para aortic region appears normal.
No evidence of ascites is seen.

BLADDER: Bladder is normally distended and appears normal. No evidence of bladder calculus, diverticulum or mass lesion is seen. Prevoid bladder volume measures about 180 cc.

PROSTATE: Prostate appears mildly enlarged in size and shows normal parenchymal echoes. No evidence of pathological calcification or solid or cystic mass lesion is seen. Prostate volume measures about 35 cc.

COMMENT: Mildly enlarged prostate.

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


Dr. SNEHAL B. PRAJAPATI, G-0064



LABORATORY REPORT



Name : BRAHMDEO SHARMA	Sex/Age : Male / 58 Years	Case ID : 21202200300
Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 2442004
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 10-Dec-2022 09:52	Sample Type :	Mobile No : 9375809785
Sample Date and Time : 10-Dec-2022 09:52	Sample Coll. By : non	Ref Id1 : OSP29272
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 : O22237265

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Glyco Hemoglobin			
HbA1C	7.39*	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes
Haemogram (CBC)			
PCV(Calc)	50.51	%	40.00 - 50.00
Lipid Profile			
HDL Cholesterol	33.9	mg/dL	48 - 77
Triglyceride	349.89*	mg/dL	40 - 200
Liver Function Test			
S.G.P.T.	64.38	U/L	0 - 41
S.G.O.T.	55.56	U/L	15 - 37
Gamma Glutamyl Transferase	92.30	U/L	8 - 61
Plasma Glucose - F	133.08	mg/dL	70.0 - 100
Plasma Glucose - PP	184.08	mg/dL	70.0 - 140.0

Abnormal Result(s) Summary End

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

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LABORATORY REPORT



Name : **BRAHMDEO SHARMA** Sex/Age : **Male / 58 Years** Case ID : **21202200300**
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **2442004**
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : 10-Dec-2022 09:52 Sample Type : **Whole Blood EDTA** Mobile No : **9375809785**
 Sample Date and Time : 10-Dec-2022 09:52 Sample Coll. By : **non** Ref Id1 : **OSP29272**
 Report Date and Time : 10-Dec-2022 10:11 Acc. Remarks : **Normal** Ref Id2 : **O22237265**

TEST RESULTS UNIT BIOLOGICAL REF. INTERVAL REMARKS

HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin (Colorimetric)	16.2	G%	13.00 - 17.00
RBC (Electrical Impedance)	5.42	millions/cumm	4.50 - 5.50
PCV(Calc)	H 50.51	%	40.00 - 50.00
MCV (RBC histogram)	93.2	fL	83.00 - 101.00
MCH (Calc)	29.9	pg	27.00 - 32.00
MCHC (Calc)	32.1	gm/dL	31.50 - 34.50
RDW (RBC histogram)	14.20	%	11.00 - 16.00

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

Total WBC Count	5760	/μL	4000.00 - 10000.00
	[%]	EXPECTED VALUES	[Abs] EXPECTED VALUES
Neutrophil	63.0	% 40.00 - 70.00	3629 /μL 2000.00 - 7000.00
Lymphocyte	30.0	% 20.00 - 40.00	1728 /μL 1000.00 - 3000.00
Eosinophil	2.0	% 1.00 - 6.00	115 /μL 20.00 - 500.00
Monocytes	5.0	% 2.00 - 10.00	288 /μL 200.00 - 1000.00
Basophil	0.0	% 0.00 - 2.00	0 /μL 0.00 - 100.00

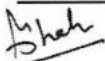
PLATELET COUNT (Optical)

Platelet Count	213000	/μL	150000.00 - 410000.00
Neutrophil to Lymphocyte Ratio (NLR)	2.10		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. Manoj Shah
M.D. (Path. & Bact.)

Dr. Shreya Shah
M.D. (Pathologist)

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LABORATORY REPORT



Name : BRAHMDEO SHARMA	Sex/Age : Male / 58 Years	Case ID : 21202200300
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Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 10-Dec-2022 09:52	Sample Type : Whole Blood EDTA	Mobile No : 9375809785
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Report Date and Time : 10-Dec-2022 10:11	Acc. Remarks : Normal	Ref Id2 : O22237265

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Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **2442004**
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Reg Date and Time : 10-Dec-2022 09:52 Sample Type : Whole Blood EDTA Mobile No : 9375809785
Sample Date and Time : 10-Dec-2022 09:52 Sample Coll. By : non Ref Id1 : OSP29272
Report Date and Time : 10-Dec-2022 11:53 Acc. Remarks : Normal Ref Id2 : O22237265

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR	04	mm after 1hr 3 - 20		

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

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Report Date and Time : 10-Dec-2022 10:53	Acc. Remarks : Normal	Ref Id2 : O22237265

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	O
Rh Type	POSITIVE

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

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LABORATORY REPORT



Name : **BRAHMDEO SHARMA** Sex/Age : **Male / 58 Years** Case ID : **21202200300**
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **2442004**
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : 10-Dec-2022 09:52 Sample Type : Spot Urine Mobile No : 9375809785
 Sample Date and Time : 10-Dec-2022 09:52 Sample Coll. By : non Ref Id1 : OSP29272
 Report Date and Time : 10-Dec-2022 10:17 Acc. Remarks : Normal Ref Id2 : O22237265

TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

URINE EXAMINATION (STRIP METHOD AND FLOWCYTOMETRY)

Physical examination

Colour **Pale yellow**
 Transparency **Clear**

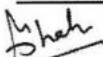
Chemical Examination By Sysmex UC-3500

Sp.Gravity **1.025** 1.005 - 1.030
 pH **5.5** 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** /ul Nil
 Yeast **Nil** /ul Nil
 Cast **Nil** /LPF Nil
 Crystals **Negative** Negative

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


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LABORATORY REPORT

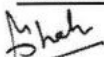


Name : **BRAHMDEO SHARMA** Sex/Age : **Male / 58 Years** Case ID : **21202200300**
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **2442004**
 Bill. Loc. : **Aashka hospital** Pt. Loc. :
 Reg Date and Time : 10-Dec-2022 09:52 Sample Type : **Spot Urine** Mobile No : **9375809785**
 Sample Date and Time : 10-Dec-2022 09:52 Sample Coll. By : **non** Ref Id1 : **OSP29272**
 Report Date and Time : 10-Dec-2022 10:17 Acc. Remarks : **Normal** Ref Id2 : **O22237265**

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)


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LABORATORY REPORT



Name : **BRAHMDEO SHARMA** Sex/Age : **Male / 58 Years** Case ID : **21202200300**
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **2442004**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 10-Dec-2022 09:52 Sample Type : **Plasma Fluoride F, Plasma Fluoride PP, Serum** Mobile No : **9375809785**
 Sample Date and Time : 10-Dec-2022 09:52 Sample Coll. By : **non** Ref Id1 : **OSP29272**
 Report Date and Time : 10-Dec-2022 11:53 Acc. Remarks : **Normal** Ref Id2 : **O22237265**

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Plasma Glucose - F	H 133.08	mg/dL	70.0 - 100	
Plasma Glucose - PP	H 184.08	mg/dL	70.0 - 140.0	
BUN (Blood Urea Nitrogen) <small>GLDH</small>	11.3	mg/dL	6.00 - 20.00	
Creatinine	0.90	mg/dL	0.50 - 1.50	
Uric Acid	3.55	mg/dL	3.5 - 7.2	

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

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LABORATORY REPORT



Name : **BRAHMDEO SHARMA** Sex/Age : **Male / 58 Years** Case ID : **21202200300**
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **2442004**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 10-Dec-2022 09:52 Sample Type : Serum Mobile No : 9375809785
 Sample Date and Time : 10-Dec-2022 09:52 Sample Coll. By : non Ref Id1 : OSP29272
 Report Date and Time : 10-Dec-2022 13:00 Acc. Remarks : Normal Ref Id2 : O22237265

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol	182.92	mg/dL	110 - 200	
HDL Cholesterol	L 33.9	mg/dL	48 - 77	
Triglyceride	H 349.89	mg/dL	40 - 200	
LDL Cholesterol (Direct) <i>CALC</i>	93.94	mg/dL		
LDL Cholesterol <i>Calculated</i>	79.04	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 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 assesment

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

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 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **2442004**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 10-Dec-2022 09:52 Sample Type : Serum Mobile No : 9375809785
 Sample Date and Time : 10-Dec-2022 09:52 Sample Coll. By : non Ref Id1 : OSP29272
 Report Date and Time : 10-Dec-2022 11:51 Acc. Remarks : Normal Ref Id2 : O22237265

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Liver Function Test

S.G.P.T.	H 64.38	U/L	0 - 41	
S.G.O.T.	H 55.56	U/L	15 - 37	
Alkaline Phosphatase	85.79	U/L	40 - 130	
Gamma Glutamyl Transferase	H 92.30	U/L	8 - 61	
Proteins (Total)	7.08	gm/dL	6.4 - 8.2	
Albumin	4.28	gm/dL	3.4 - 5	
Globulin <i>Calculated</i>	2.80	gm/dL	2 - 4.1	
A/G Ratio <i>Calculated</i>	1.5		1.0 - 2.1	
Bilirubin Total	0.35	mg/dL	0.2 - 1.0	
Bilirubin Conjugated	0.22	mg/dL		
Bilirubin Unconjugated <i>Calculated</i>	0.13	mg/dL	0 - 0.8	

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Reg Date and Time : 10-Dec-2022 09:52	Sample Type : Whole Blood EDTA	Mobile No : 9375809785
Sample Date and Time : 10-Dec-2022 09:52	Sample Coll. By : non	Ref Id1 : OSP29272
Report Date and Time : 10-Dec-2022 10:53	Acc. Remarks : Normal	Ref Id2 : O22237265

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Glycated Haemoglobin Estimation

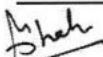
HbA1C	H 7.39	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	165.39	mg/dL	

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.

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LABORATORY REPORT



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 Bill. Loc. : **Aashka hospital** Pt. Loc :

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 Sample Date and Time : 10-Dec-2022 09:52 Sample Coll. By : non Ref Id1 : OSP29272
 Report Date and Time : 10-Dec-2022 11:11 Acc. Remarks : Normal Ref Id2 : O22237265

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

Thyroid Function Test

Triiodothyronine (T3)	87.46	ng/dL	40 - 181	
Thyroxine (T4) <small>CMA</small>	6.8	ng/dL	4.6 - 10.5	
TSH <small>CMA</small>	1.247	µIU/mL	0.5 - 8.9	

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), PPTH 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. Manoj Shah
 M.D. (Path. & Bact.)

Dr. Shreya Shah
 M.D. (Pathologist)

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Neuberg Supratech Reference Laboratories Private Limited

“KEDAR” Opposite Krupa Petrol Pump, Near Parimal Garden, Ahmedabad - 380006

Phone : 079-40408181 / 61618181 | Email : contact@supratechlabs.com | Website : www.neubergsupratech.com



LABORATORY REPORT



Name : BRAHMDEO SHARMA	Sex/Age : Male / 58 Years	Case ID : 21202200300
Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 2442004
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 10-Dec-2022 09:52	Sample Type : Serum	Mobile No : 9375809785
Sample Date and Time : 10-Dec-2022 09:52	Sample Coll. By : non	Ref Id1 : OSP29272
Report Date and Time : 10-Dec-2022 11:11	Acc. Remarks : Normal	Ref Id2 : O22237265

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
Thrd 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)

Shah

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

Prostate Specific Antigen CMIA	1.3370	ng/mL	0.00 - 4.00	
------------------------------------------	---------------	-------	-------------	--

INTERPRETATIONS:

Useful for Evaluating patients with documented prostate problems in whom multiple prostate-specific antigen tests may be necessary per year. Monitoring patients with a history of prostate cancer as an early indicator of recurrence and response to treatment. Prostate-specific antigen (PSA) values are reported with the 95th percentile limits by decade of age. These reference limits include men with benign prostatic hyperplasia. They exclude all cases with proven cancer. PSA values exceeding the age-specific limits are suspicious for prostate disease, but further testing, such as prostate biopsy, is needed to diagnose prostate pathology. Values >0.2 ng/mL are considered evidence of biochemical recurrence of cancer in men after prostatectomy.

CAUTIONS:

Serum markers are not specific for malignancy, and values may vary by method. When age is not supplied, the results cannot be flagged as high or low. Digital rectal examination generally does not increase normal prostate-specific antigen (PSA) values. However, cystoscopy, urethral instrumentation, and prostate biopsy may increase PSA levels. 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.

- If total PSA is above cut off value (between 4 to 20 ng/ml) free PSA should be advised to differentiate benign prostatic hyperplasia from prostatic malignancy.
- Free PSA levels above 20 to 25 % of total PSA are more likely to be associated with BPH.
- Prostate biopsy is required for the diagnosis of cancer. **Tumor marker results obtained can vary due to differences in assay methods and reagent specificity. Patient results determined by assays using different manufacturers for methods may not be comparable.**

RELATIONSHIP BETWEEN PROBABILITY OF PROSTATE MALIGNANCY & FREE PSA% TO TOTAL PSA

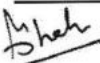
Free PSA % to total PSA	0-10%	10-15%	15-20%	20-25%	>25%
fr Probability of malignancy	56%	28%	20%	16%	8%

DILUTION PROTOCOL:

At our lab with kit, manual dilution protocol has been validated for PSA up to 1:20 dilution and result up to 2000 NG/ML. After above dilution, it will be done manually and because of Ag-Ab reaction curve it may be erroneous if diluted after validated dilution. * Test results, interpretation & notes are meant for Medical Personal only.

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

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


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

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

Shah

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M.D. (Pathologist)

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PATIENT NAME: BRAHMDEO SHARMA

GENDER/AGE: Male / 58 Years

DATE: 10/12/22

DOCTOR: DR. HASIT JOSHI

OPDNO: OSP29272

2D-ECHO

MITRAL VALVE	: MINIMALLY SCLEROSED	
AORTIC VALVE	: MINIMALLY SCLEROSED	
TRICUSPID VALVE	: NORMAL	
PULMONARY VALVE	: NORMAL	
AORTA	: 37mm	
LEFT ATRIUM	: 38mm	
LV Dd / Ds	: 41/28mm	EF 60%
IVS / LVPW / D	: 11/10mm	
IVS	: INTACT	
IAS	: INTACT	
RA	: NORMAL	
RV	: NORMAL	
PA	: NORMAL	
PERICARDIUM	: NORMAL	
VEL	: PEAK	MEAN
M/S	: Gradient mm Hg	Gradient mm Hg
MITRAL	: 0.7/0.8m/s	
AORTIC	: 1.0m/s	
PULMONARY	: 1.0m/s	
COLOUR DOPPLER	: TRIVIAL MR/AR/TR	
RVSP	: 28mmHg	
CONCLUSION	: NORMAL LV SIZE / SYSTOLIC FUNCTION; REDUCED LV COMPLIANCE; TRIVIAL MR/AR/TR.	



CARDIOLOGIST
DR. HASIT JOSHI (9825012235)

*AS TMT as a
routine tx*

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
H O S P I T A L



PATIENT NAME: BRAHMDEO SHARMA

GENDER/AGE: Male / 58 Years

DATE: 10/12/22

DOCTOR:

OPDNO: OSP29272

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

10.12.2022 12:02:29 PM
AASHKA HOSPITAL LTD.
SARGASAN
GANDHINAGAR

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

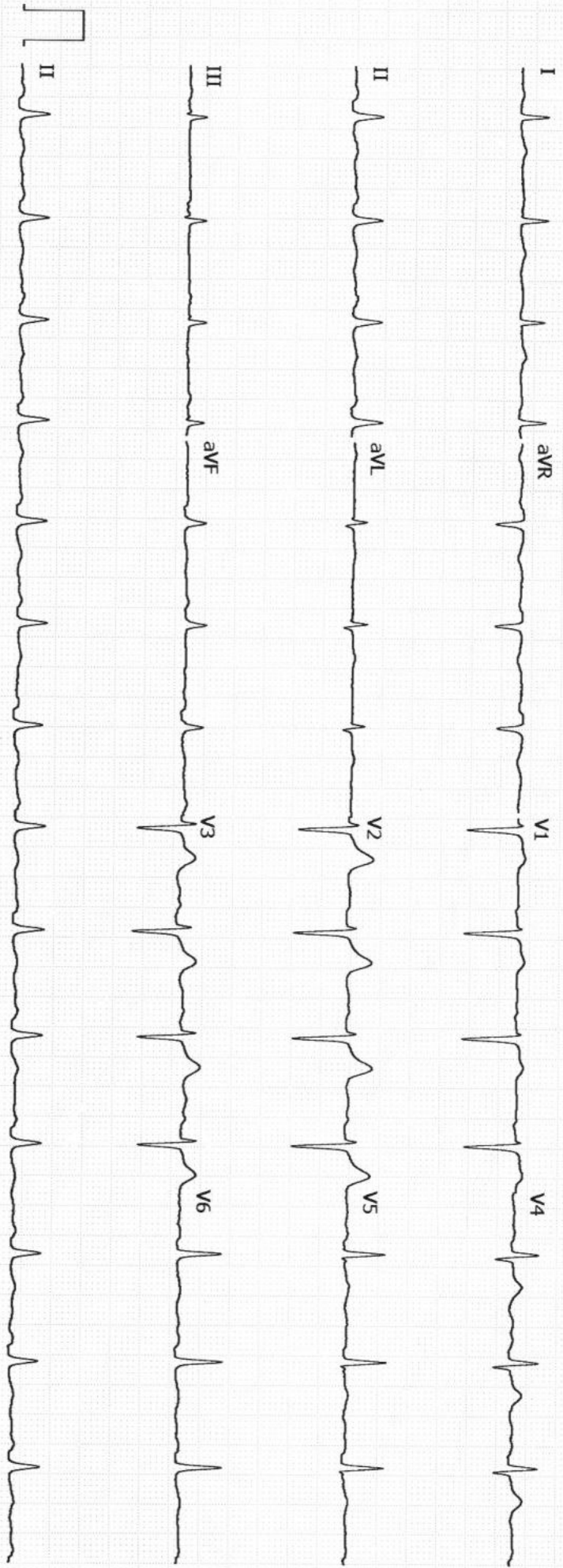
Room:

86 bpm
-- / -- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 72 ms
QT / QTcBaz : 342 / 409 ms
PR : 160 ms
P : 100 ms
RR / PP : 694 / 697 ms
P / QRS / T : 61 / 46 / 26 degrees

Normal sinus rhythm
Normal ECG



GE MAC2000 1.1 12SL™ V241 25 mm/s 10 mm/mV ADS 0.36-20 Hz 50 Hz Unconfirmed 4x2.5x3_25_R1 1/1

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

BRAHMDEO SHARMA

MAHABIR THAKUR

01/09/1964

Permanent Account Number

AYKPS1294G

A handwritten signature in dark ink, appearing to read 'Debo', is written over a horizontal line.

Signature





Aashka Hospitals Ltd

Reception <reception@aashkahospitals.in>

From : TPA <tpa@aashkahospitals.in>
Date : Dec 9, 2022 2:49 PM
To : Reception <reception@aashkahospitals.in>
CC :
Subject : Fwd: Health Check up Booking Confirmed Request(bobE22062),Package Code-PKG10000242, Beneficiary Code-70619
Attachments :

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

Date: Fri Dec 09 14:26:35 IST 2022
From: Mediwheel <customercare@policywheel.com >
To: TPA <tpa@aashkahospitals.in >
CC: Mediwheel CC <customercare@mediwheel.in > , Mediwheel CC <mediwheelwellness@gmail.com >
Subject: Health Check up Booking Confirmed Request(bobE22062),Package Code-PKG10000242, Beneficiary Code-70619



Mediwheel
...Your wellness partner



011-41195959

Email:wellness@mediwheel.in

Hi **Aashka Multispeciality Hospital,**

Diagnostic/Hospital Location :**Between Sargasan & Reliance Cross Road, City:Gandhi Nagar**

We have received the confirmation for the following booking .

Beneficiary Name : PKG10000242
Beneficiary Name : MR. SHARMA BRAHMDEO
Member Age : 56
Member Gender : Male
Member Relation: Employee
Package Name : Medi-Wheel Metro Full Body Health Checkup Male Above 40
Location : HARSOL, Gujarat-383305
Contact Details : 9375809785
Booking Date : 02-12-2022
Appointment Date : 10-12-2022

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).
4. Please bring all your medical prescriptions and previous health medical records with you.
5. Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

For Women:

1. Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
2. It is advisable not to undergo any Health Check during menstrual cycle.

We request you to facilitate the employee on priority.

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

Hospital: 7575006000/9000
Website: www.aashkahospitals.in />