



Aashka Hospitals Ltd

Reception <reception@aashkahospitals.in>

From : TPA <tpa@aashkahospitals.in>
Date : Jul 8, 2023 5:09 PM
To : Reception <reception@aashkahospitals.in>
CC :
Subject : Fwd: Health Check up Booking Confirmed Request(bobS41873),Package Code-PKG10000240, Beneficiary Code-71837
Attachments :

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

Date: Sat Jul 08 13:06:15 IST 2023
 From: Mediwheel <wellness@mediwheel.in >
 To: TPA <tpa@aashkahospitals.in >
 CC: customercare@mediwheel.in
 Subject: Health Check up Booking Confirmed Request(bobS41873),Package Code-PKG10000240, Beneficiary Code-71837



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 : PKG10000240
Beneficiary Name : NIHAR KUMAR DUDABHAI
Member Age : 34
Member Gender : Male
Member Relation : Spouse
Package Name : Medi-Wheel Metro Full Body Health Checkup Male Below 40
Location : DWARDKA, Gujarat-361335
Contact Details : 9727251295
Booking Date : 07-07-2023
Appointment Date : 11-07-2023

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 />

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



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

UHID:	Date: 11/7/23	Time:
Patient Name: NIHAR BAIETARIYA	Age /Sex: 32/M	Height:
	Weight:	
History: C/O Right eye		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination: D.V. < GIC GIC A. cor 2 GIC GIC Colan vision		
Diagnosis:		

Rx

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

Eye examination:

	RIGHT			LEFT		
	S	C	A	S	C	A
D	-1.25	-	-	-1.25	-	-
N	-					

Other Advice:

Follow-up:

Consultant's Sign:



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DR. PRERAK TRIVEDI
 M.D., IDCCM
 CRITICAL CARE MEDICINE
 REG.NO.G-59493

UHID: 00723086		Date: 12/7/23	Time: 2:15 PM
Patient Name: Nihar Bhetaniya		Height: 176 cm	Weight: 83.9
Age / Sex: 34 y / M	LMP:		
History:		History:	
C/C/O:			
Allergy History: NAD		Addiction: NAD	
Nutritional Screening: Well-Nourished / Malnourished / Obese			
Vitals & Examination:		Lab reports noted	
Temperature: Normal		2 DEEs - noted	
Pulse: 74 / min		ECG / Note	
BP: 112 / 72 mmHg		vst	
SPO2: 97% on RA			
Provisional Diagnosis:			

Advice:

Rx

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

Insulin Scale	RBS-	hourly	Diet Advice:	Report - Vit B12
< 150 -	300-350 -		Follow-up:	
150-200 -	350-400 -			
200-250 -	400-450 -		Sign:	
250-300 -	> 450 -			

[Handwritten signature]



LABORATORY REPORT



Name : NIHAR BHETARIYA	Sex/Age : Male / 34 Years	Case ID : 30702200297
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2835016
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 11-Jul-2023 08:58	Sample Type :	Mobile No :
Sample Date and Time : 11-Jul-2023 08:58	Sample Coll. By :	Ref Id1 : O0723086
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 : O23242607

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Blood Glucose Fasting & Postprandial			
Plasma Glucose - F	109.77	mg/dL	70 - 100
Plasma Glucose - PP	143.58	mg/dL	70.0 - 140.0
Blood Urea Nitrogen (BUN)			
BUN (Blood Urea Nitrogen)	6.1	mg/dL	8.90 - 20.60
Haemogram (CBC)			
RBC (Electrical Impedance)	6.03	millions/cu mm	4.50 - 5.50
MCV (RBC histogram)	74.0	fL	83.00 - 101.00
MCH (Calc)	26.0	pg	27.00 - 32.00
MCHC (Calc)	35.1	gm/dL	31.50 - 34.50
Lipid Profile			
Cholesterol	203.36	mg/dL	110 - 200
LDL Cholesterol	123.12	mg/dL	65 - 100
Uric Acid	7.96	mg/dL	3.5 - 7.2

Abnormal Result(s) Summary End

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

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LABORATORY REPORT



Name : **NIHAR BHETARIYA** Sex/Age : **Male / 34 Years** Case ID : **30702200297**
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **2835016**
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : 11-Jul-2023 08:58 Sample Type : **Whole Blood EDTA** Mobile No :
 Sample Date and Time : 11-Jul-2023 08:58 Sample Coll. By : Ref Id1 : **O0723086**
 Report Date and Time : 11-Jul-2023 09:58 Acc. Remarks : **Normal** Ref Id2 : **O23242607**

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin	15.7	G%	13.00 - 17.00
RBC (Electrical Impedance)	H 6.03	millions/cumm	4.50 - 5.50
PCV(Calc)	44.62	%	40.00 - 50.00
MCV (RBC histogram)	L 74.0	fL	83.00 - 101.00
MCH (Calc)	L 26.0	pg	27.00 - 32.00
MCHC (Calc)	H 35.1	gm/dL	31.50 - 34.50
RDW (RBC histogram)	14.10	%	11.00 - 16.00

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

TEST	RESULTS	UNIT	EXPECTED VALUES	[Abs]	EXPECTED VALUES
Total WBC Count	7100	/μL	4000.00 - 10000.00		
Neutrophil	[%] 60.0	%	40.00 - 70.00	4260	/μL 2000.00 - 7000.00
Lymphocyte	34.0	%	20.00 - 40.00	2414	/μL 1000.00 - 3000.00
Eosinophil	1.0	%	1.00 - 6.00	71	/μL 20.00 - 500.00
Monocytes	4.0	%	2.00 - 10.00	284	/μL 200.00 - 1000.00
Basophil	1.0	%	0.00 - 2.00	71	/μL 0.00 - 100.00

PLATELET COUNT (Optical)

Platelet Count	294000	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	1.76		0.78 - 3.53

SMEAR STUDY

RBC Morphology : **Microcytic RBCS.**
 WBC Morphology : **Total WBC count within normal limits.**
 Platelet : **Platelets are adequate in number.**
 Parasite : **Malarial Parasite not seen on smear.**
 Morphological Impression : **-**

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

Dr. Amit Prajapati

DCP.

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Dr. Shreya Shah

M.D. (Pathologist)

Dr. Manoj Shah

M.D. (Path. & Bact.)

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LABORATORY REPORT



Name : NIHAR BHETARIYA Sex/Age : Male / 34 Years Case ID : 30702200297
Ref.By : HOSPITAL Dis. At : Pt. ID : 2835016
Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 11-Jul-2023 08:58	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 11-Jul-2023 08:58	Sample Coll. By :	Ref Id1 : 00723086
Report Date and Time : 11-Jul-2023 09:58	Acc. Remarks : Normal	Ref Id2 : 023242607

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

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LABORATORY REPORT



Name : **NIHAR BHETARIYA** Sex/Age : **Male / 34 Years** Case ID : **30702200297**
Ref.By : **HOSPITAL** Dis. At : Pt. ID : **2835016**
Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **11-Jul-2023 08:58** Sample Type : **Whole Blood EDTA** Mobile No :
Sample Date and Time : **11-Jul-2023 08:58** Sample Coll. By : Ref Id1 : **00723086**
Report Date and Time : **11-Jul-2023 10:18** Acc. Remarks : **Normal** Ref Id2 : **023242607**

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR <i>Westergren Method</i>	04	mm	after 1hr 3 - 15	

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LABORATORY REPORT



Name : **NIHAR BHETARIYA** Sex/Age : **Male / 34 Years** Case ID : **30702200297**
Ref.By : **HOSPITAL** Dis. At : Pt. ID : **2835016**
Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **11-Jul-2023 08:58** Sample Type : **Whole Blood EDTA** Mobile No :
Sample Date and Time : **11-Jul-2023 08:58** Sample Coll. By : Ref Id1 : **O0723086**
Report Date and Time : **11-Jul-2023 09:58** Acc. Remarks : **Normal** Ref Id2 : **O23242607**

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	B
Rh Type	POSITIVE

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

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LABORATORY REPORT



Name : NIHAR BHETARIYA	Sex/Age : Male / 34 Years	Case ID : 30702200297
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2835016
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 11-Jul-2023 08:58	Sample Type : Spot Urine	Mobile No :
Sample Date and Time : 11-Jul-2023 08:58	Sample Coll. By :	Ref Id1 : 00723086
Report Date and Time : 11-Jul-2023 10:18	Acc. Remarks : Normal	Ref Id2 : 023242607

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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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	6.50	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 : **NIHAR BHETARIYA** Sex/Age : **Male / 34 Years** Case ID : **30702200297**
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **2835016**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **11-Jul-2023 08:58** Sample Type : **Spot Urine** Mobile No :
 Sample Date and Time : **11-Jul-2023 08:58** Sample Coll. By : Ref Id1 : **O0723086**
 Report Date and Time : **11-Jul-2023 10:18** Acc. Remarks : **Normal** Ref Id2 : **O23242607**

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 : NIHAR BHETARIYA	Sex/Age : Male / 34 Years	Case ID : 30702200297
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2835016
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 11-Jul-2023 08:58	Sample Type : Plasma Fluoride F, Plasma Fluoride PP	Mobile No :
Sample Date and Time : 11-Jul-2023 08:58	Sample Coll. By :	Ref Id1 : 00723086
Report Date and Time : 11-Jul-2023 11:55	Acc. Remarks : Normal	Ref Id2 : 023242607
TEST	RESULTS UNIT BIOLOGICAL REF RANGE	REMARKS

BIOCHEMICAL INVESTIGATIONS

Blood Glucose Level (Fasting & Post Prandial)

Plasma Glucose - F <i>Photometric, Hexokinase</i>	H <u>109.77</u>	mg/dL	70 - 100
Plasma Glucose - PP <i>Photometric, Hexokinase</i>	H <u>143.58</u>	mg/dL	70.0 - 140.0

Reference 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



Name : NIHAR BHETARIYA	Sex/Age : Male / 34 Years	Case ID : 30702200297
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2835016
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 11-Jul-2023 08:58	Sample Type : Serum	Mobile No :
Sample Date and Time : 11-Jul-2023 08:58	Sample Coll. By :	Ref Id1 : 00723086
Report Date and Time : 11-Jul-2023 10:40	Acc. Remarks : Normal	Ref Id2 : 023242607

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol <i>Colorimetric, CHOD-POD</i>	H <u>203.36</u>	mg/dL	110 - 200
HDL Cholesterol	<u>58.9</u>	mg/dL	48 - 77
Triglyceride <i>Glycerol Phosphate Oxidase</i>	<u>106.69</u>	mg/dL	<150
VLDL <i>Calculated</i>	<u>21.34</u>	mg/dL	10 - 40
Chol/HDL <i>Calculated</i>	<u>3.45</u>		0 - 4.1
LDL Cholesterol <i>Calculated</i>	H <u>123.12</u>	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 Trnglyceride 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)

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LABORATORY REPORT



Name : NIHAR BHETARIYA	Sex/Age : Male / 34 Years	Case ID : 30702200297
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2835016
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 11-Jul-2023 08:58	Sample Type : Serum	Mobile No :
Sample Date and Time : 11-Jul-2023 08:58	Sample Coll. By :	Ref Id1 : O0723086
Report Date and Time : 11-Jul-2023 10:20	Acc. Remarks : Normal	Ref Id2 : O23242607

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>	16.94	U/L	16 - 63	
S.G.O.T. <i>UV with P5P</i>	18.60	U/L	15 - 37	
Alkaline Phosphatase <i>Enzymatic, PNPP-AMP</i>	70.64	U/L	46 - 116	
Gamma Glutamyl Transferase <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate</i>	22.66	U/L	0 - 55	
Proteins (Total) <i>Colorimetric, Biuret</i>	7.71	gm/dL	6.40 - 8.30	
Albumin <i>Bromocresol purple</i>	4.72	gm/dL	3.4 - 5	
Globulin <i>Calculated</i>	2.99	gm/dL	2 - 4.1	
A/G Ratio <i>Calculated</i>	1.6		1.0 - 2.1	
Bilirubin Total <i>Photometry</i>	1.00	mg/dL	0.3 - 1.2	
Bilirubin Conjugated <i>Diazotization reaction</i>	0.39	mg/dL	0 - 0.50	
Bilirubin Unconjugated <i>Calculated</i>	0.61	mg/dL	0 - 0.8	

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

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LABORATORY REPORT



Name : **NIHAR BHETARIYA** Sex/Age : **Male / 34 Years** Case ID : **30702200297**
Ref.By : **HOSPITAL** Dis. At : Pt. ID : **2835016**
Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 11-Jul-2023 08:58 Sample Type : Serum Mobile No :
Sample Date and Time : 11-Jul-2023 08:58 Sample Coll. By : Ref Id1 : 00723086
Report Date and Time : 11-Jul-2023 10:20 Acc. Remarks : Normal Ref Id2 : 023242607

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BUN (Blood Urea Nitrogen) <i>GLDH</i>	L 6.1	mg/dL	8.90 - 20.60	
Creatinine	1.06	mg/dL	0.50 - 1.50	
Uric Acid <i>Uricase</i>	H 7.96	mg/dL	3.5 - 7.2	

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

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LABORATORY REPORT



Name : NIHAR BHETARIYA	Sex/Age : Male / 34 Years	Case ID : 30702200297
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2835016
Bill. Loc. : Aashka hospital		Pt. Loc :

Reg Date and Time : 11-Jul-2023 08:58	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 11-Jul-2023 08:58	Sample Coll. By :	Ref Id1 : O0723086
Report Date and Time : 11-Jul-2023 09:58	Acc. Remarks : Normal	Ref Id2 : O23242607

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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Glycated Haemoglobin Estimation

HbA1C	4.73	<i>Normal</i>	% of total Hb <5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	89.05	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)

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LABORATORY REPORT



Name : **NIHAR BHETARIYA** Sex/Age : **Male / 34 Years** Case ID : **30702200297**
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **2835016**
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : 11-Jul-2023 08:58 Sample Type : Serum Mobile No :
 Sample Date and Time : 11-Jul-2023 08:58 Sample Coll. By : Ref Id1 : 00723086
 Report Date and Time : 11-Jul-2023 10:18 Acc. Remarks : Normal Ref Id2 : 023242607

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Thyroid Function Test				
Triiodothyronine (T3)	92.07	ng/dL	70 - 204	
Thyroxine (T4) <small>CMA</small>	5.3	ng/dL	4.87 - 11.72	
TSH <small>CMA</small>	1.332	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)

Dr. Amit Prajapati

D.C.P.

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Dr. Shreya Shah

M.D. (Pathologist)

Dr. Manoj Shah

M.D. (Path. & Bact.)

Printed On : 11-Jul-2023 12:06





LABORATORY REPORT



Name : NIHAR BHETARIYA	Sex/Age : Male / 34 Years	Case ID : 30702200297
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2835016
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 11-Jul-2023 08:58	Sample Type : Serum	Mobile No :
Sample Date and Time : 11-Jul-2023 08:58	Sample Coll. By :	Ref Id1 : O0723086
Report Date and Time : 11-Jul-2023 10:18	Acc. Remarks : Normal	Ref Id2 : O23242607

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 (microU/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)

Dr. Amit Prajapati

DCP.

Page 14 of 14

Dr. Shreya Shah

M.D. (Pathologist)

Dr. Manoj Shah

M.D. (Path. & Bact.)

Printed On : 11-Jul-2023 12:06



PATIENT NAME:NIHAR BHETARIYA
GENDER/AGE:Male / 34 Years
DOCTOR:DR.HASIT JOSHI
OPDNO:O0723086

DATE:11/07/23

2D-ECHO

MITRAL VALVE	: MILD MVP	
AORTIC VALVE	: NORMAL	
TRICUSPID VALVE	: NORMAL	
PULMONARY VALVE	: NORMAL	
AORTA	: 26mm	
LEFT ATRIUM	: 34mm	
LV Dd / Ds	: 42/27mm	EF 60%
IVS / LVPW / D	: 10.3/10mm	
IVS	: INTACT	
IAS	: INTACT	
RA	: NORMAL	
RV	: NORMAL	
PA	: NORMAL	
PERICARDIUM	: NORMAL	
VEL	: PEAK	MEAN
M/S	: Gradient mm Hg	Gradient mm Hg
MITRAL	: 1/0.7m/s	
AORTIC	: 1.2m/s	
PULMONARY	: 0.9m/s	
COLOUR DOPPLER	: TRIVIAL MR/TR	
RVSP	:	
CONCLUSION	: MILD MVP / TRIVIAL MR; NORMAL LV SIZE / SYSTOLIC FUNCTION.	

CARDIOLOGIST
DR.HASIT JOSHI (9825012235)



PATIENT NAME:NIHAR BHETARIYA

GENDER/AGE:Male / 34 Years

DATE:11/07/23

DOCTOR:

OPDNO:O0723086

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 10.0 x 4.0 cms in size.

Left kidney measures about 10.2 x 4.4 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 140 cc.

PROSTATE: Prostate appears normal in size and shows normal parenchymal echoes. No evidence of pathological calcification or solid or cystic mass lesion is seen. Prostate volume measures about 14 cc.

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


DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST

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CIN: L85110GJ2012PLC072647



PATIENT NAME:NIHAR BHETARIYA

GENDER/AGE:Male / 34 Years

DATE:11/07/23

DOCTOR:

OPDNO:O0723086

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.

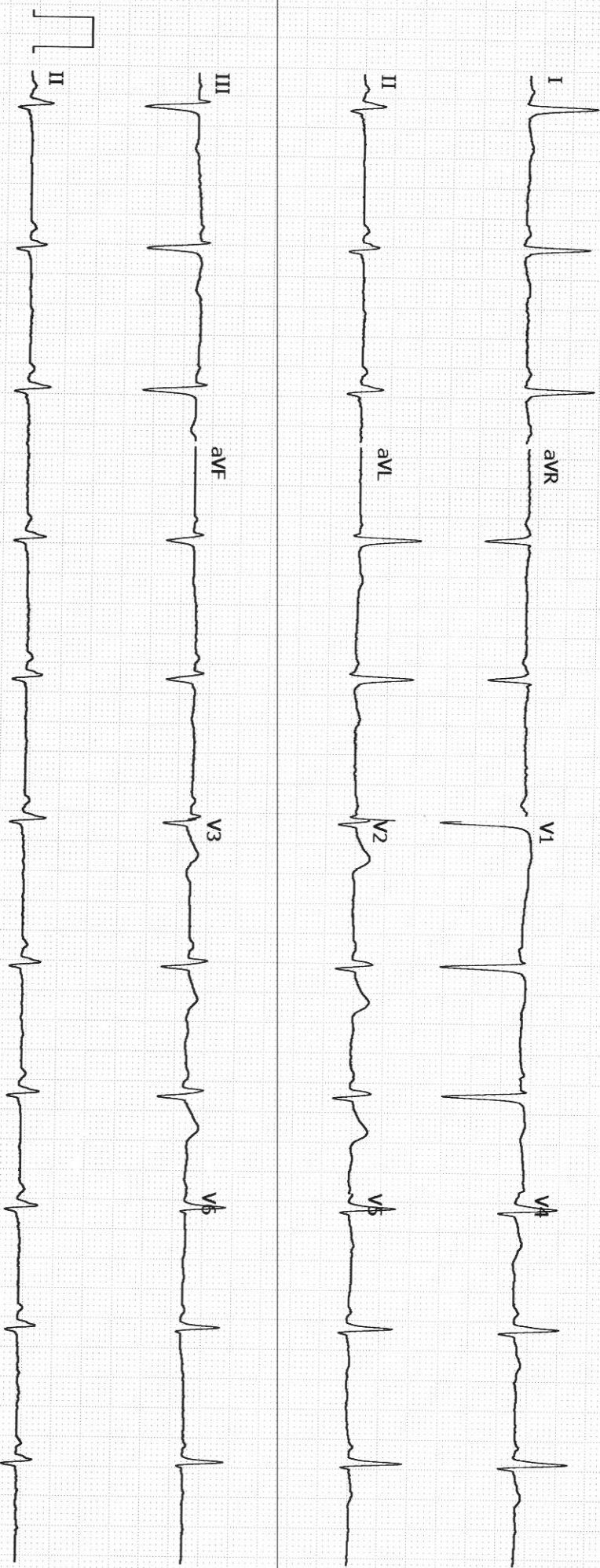
No evidence of cervical rib is seen on either side.

DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 82 ms
QT / QTcBaz : 396 / 415 ms
PR : 128 ms
P : 102 ms
RR / PP : 908 / 909 ms
P / QRS / T : 38 / -15 / -9 degrees

Normal sinus rhythm with sinus arrhythmia
Minimal voltage criteria for LVH, may be normal variant
Nonspecific T wave abnormality
Abnormal ECG



GE MAC2000 1.1 12SL™ V241 25 mm/s 10 mm/mV ADS 0.5v-20 Hz 50 Hz Unconfirmed 4x2.5x3_25_R1 1/1