

Fwd: Health Check up Booking Re Schedule Request(bobS2891),Package Code-
PKG10000475, Beneficiary Code-302660

Indrasinh Rathod <indrasinhrathod38@gmail.com>

Thu 1/11/2024 10:49 AM

To: Meghraj Road Branch, Sabarkantha Region <modarv@bankofbaroda.com>

बो नहीं जानते तो मेल में दी गयी लिंक पर क्लिक ना करें या अटैचमेंट ना खोलें.
THE BANK'S DOMAIN. DO NOT CLICK ON LINKS OR OPEN ATTACHMENTS UNLESS YOU KI

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

From: **Mediwheel** <wellness@mediwheel.in>

Date: Thu, Jan 11, 2024, 10:46 AM

Subject: Health Check up Booking Re Schedule Request(bobS2891),Package Code-PKG10000475

Beneficiary Code-302660

To: <indrasinhrathod38@gmail.com>

Cc: <customercare@mediwheel.in>

011-41195959

Dear **MR. RATHOD INDRASINH RAJUSINH**,

Due to unavoidable circumstances, we regret to state that your following request for Health Checkup appointment Re Schedule by provider

Health Package Code: PKG10000475

Hospital Package Name : Mediwheel Full Body Health Checkup Female Below 40

Patient Package Name : Mediwheel Full Body Health Checkup Female Below 40

Name of Diagnostic/Hospital : Aashka Multispeciality Hospital

Address of Diagnostic/Hospital- : Between Sargassan & Reliance Cross Road, Gandhinagar
-0382421

Booking Id : bobS2891

Appointment Date : 25-01-2024

Preferred Time : 8:00am-8:30am

Booking Status : Booking ReSchedule

Member Information		
Booked Member Name	Age	Gender
Sangeeta ben	31 year	Female

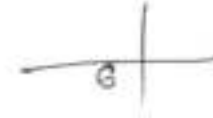

Thanks,
Mediwheel Team

You have received this mail because your e-mail ID is registered with This is a system-generated e-mail **Arcofemi Healthcare Limited**, please don't reply to this message.

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@ 2024 - 25, Arcofemi Healthcare Pvt Limited, (Mediwheel)

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

UHID:	Date: 25/1/24	Time:
Patient Name: Indreshwar Rathod	Age/Sex: 33/M	Height: Weight:
Chief Complain:		
History: routine dental check up. habit:- →. pan - mastic chewing 2-3 times/day since last 5-8 years.		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination:	Stain +++	
Extra oral:	swelling +	
Intra oral - Teeth Present:	root. piece set	
Teeth Absent:		
Diagnosis:		

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


UHID:		Date: 25/1/24	Time: 5 PM
Patient Name: Indrasingh Rathod		Height:	Weight:
Age / Sex: 35 yr / M		LMP:	
History:	History:		
C/C/O:	—		
No fresh complaints			
Allergy History:	Addiction: —		
Nutritional Screening: Well-Nourished / Malnourished / Obese			
Vitals & Examination:			
Temperature: Normal			
Pulse: 71/min			
BP: 132/80 mmHg			
SPO2: 98% on RA			
Provisional Diagnosis:			

Advice:

Lipid profile ↑
 Lifestyle modification
 Low fat diet Exercise. (Once in a while for 30-40 min)

Rx

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

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



LABORATORY REPORT



Name : INDRASINH R RATHOD	Sex/Age : Male / 36 Years	Case ID : 40102200551
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3298616
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 25-Jan-2024 13:22	Sample Type :	Mobile No :
Sample Date and Time : 25-Jan-2024 13:22	Sample Coll. By :	Ref Id1 : OSP33107
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 : O23249466

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Haemogram (CBC)			
RBC (Electrical Impedance)	6.66	millions/cu mm	4.50 - 5.50
MCV (RBC histogram)	70.5	fL	83.00 - 101.00
MCH (Calc)	22.1	pg	27.00 - 32.00
MCHC (Calc)	31.4	gm/dL	31.50 - 34.50
Lipid Profile			
Cholesterol	200.25	mg/dL	110 - 200
HDL Cholesterol	31.3	mg/dL	48 - 77
Triglyceride	371.08	mg/dL	<150
VLDL	74.22	mg/dL	10 - 40
Chol/HDL	6.40		0 - 4.1

Abnormal Result(s) Summary End

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

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LABORATORY REPORT



Name : INDRASINH R RATHOD	Sex/Age : Male / 36 Years	Case ID : 40102200551
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3298616
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 25-Jan-2024 13:22	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 25-Jan-2024 13:22	Sample Coll. By :	Ref Id1 : OSP33107
Report Date and Time : 25-Jan-2024 14:40	Acc. Remarks : Normal	Ref Id2 : O23249466

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin	14.7	G%	13.00 - 17.00
RBC (Electrical Impedance)	H 6.66	millions/cumm	4.50 - 5.50
PCV(Calc)	46.95	%	40.00 - 50.00
MCV (RBC histogram)	L 70.5	fL	83.00 - 101.00
MCH (Calc)	L 22.1	pg	27.00 - 32.00
MCHC (Calc)	L 31.4	gm/dL	31.50 - 34.50
RDW (RBC histogram)	13.50	%	11.00 - 16.00

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

Total WBC Count	8350	/μL	4000.00 - 10000.00		
Neutrophil	66.0	%	40.00 - 70.00	[Abs] 5511	EXPECTED VALUES /μL 2000.00 - 7000.00
Lymphocyte	26.0	%	20.00 - 40.00	2171	/μL 1000.00 - 3000.00
Eosinophil	2.0	%	1.00 - 6.00	167	/μL 20.00 - 500.00
Monocytes	5.0	%	2.00 - 10.00	418	/μL 200.00 - 1000.00
Basophil	1.0	%	0.00 - 2.00	84	/μL 0.00 - 100.00

PLATELET COUNT (Optical)

Platelet Count	273000	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	2.54		0.78 - 3.53

SMEAR STUDY

RBC Morphology	Microcytic hypochromic RBCS.
WBC Morphology	Total WBC count within normal limits.
Platelet	Platelets are adequate in number.
Parasite	Malarial Parasite not seen on smear.

Note: [LL-Very Low, L-Low, H-High, HH-Very High, A-Abnormal]

Dr. Shreya Shah
M.D. (Pathologist)

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LABORATORY REPORT



Name : INDRASINH R RATHOD	Sex/Age : Male / 36 Years	Case ID : 40102200551
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3298616
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 25-Jan-2024 13:22	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 25-Jan-2024 13:22	Sample Coll. By :	Ref Id1 : OSP33107
Report Date and Time : 25-Jan-2024 14:39	Acc. Remarks : Normal	Ref Id2 : O23249466

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

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 : INDRASINH R RATHOD	Sex/Age : Male / 36 Years	Case ID : 40102200551
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3298616
Bill. Loc. : Aashka hospital		Pt. Loc :

Reg Date and Time : 25-Jan-2024 13:22	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 25-Jan-2024 13:22	Sample Coll. By :	Ref Id1 : OSP33107
Report Date and Time : 25-Jan-2024 14:48	Acc. Remarks : Normal	Ref Id2 : O23249466

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 : INDRASINH R RATHOD	Sex/Age : Male / 36 Years	Case ID : 40102200551
Ref By : HOSPITAL	Dis. At :	Pt. ID : 3298616
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 25-Jan-2024 13:22	Sample Type : Spot Urine	Mobile No :
Sample Date and Time : 25-Jan-2024 13:22	Sample Coll. By :	Ref Id1 : OSP33107
Report Date and Time : 25-Jan-2024 14:39	Acc. Remarks : Normal	Ref Id2 : O23249466

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	/μL	Nil
Yeast	Nil	/μL	Nil
Cast	Nil	/LPF	Nil
Crystals	Nil	/HPF	Nil

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

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LABORATORY REPORT

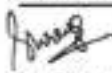


Name : INDRASINH R RATHOD	Sex/Age : Male / 36 Years	Case ID : 40102200551
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3298616
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 25-Jan-2024 13:22	Sample Type : Spot Urine	Mobile No :
Sample Date and Time : 25-Jan-2024 13:22	Sample Coll. By :	Ref Id1 : OSP33107
Report Date and Time : 25-Jan-2024 14:39	Acc. Remarks : Normal	Ref Id2 : O23249466

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)	/hpf	<2	-	-	-	-	-

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


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LABORATORY REPORT



Name : **INDRASINH R RATHOD** Sex/Age : **Male / 36 Years** Case ID : **40102200551**
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **3298616**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **25-Jan-2024 13:22** Sample Type : **Serum** Mobile No :
 Sample Date and Time : **25-Jan-2024 13:22** Sample Coll. By : Ref Id1 : **OSP33107**
 Report Date and Time : **25-Jan-2024 14:40** Acc. Remarks : **Normal** Ref Id2 : **O23249466**

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol <i>Colorimetric, CHOD-PAP</i>	H	200.25	mg/dL	110 - 200
HDL Cholesterol	L	31.3	mg/dL	48 - 77
Triglyceride <i>Glycerol Phosphate Oxidase</i>	H	371.08	mg/dL	<150
VLDL <i>Calculated</i>	H	74.22	mg/dL	10 - 40
Chol/HDL <i>Calculated</i>	H	6.40		0 - 4.1
LDL Cholesterol <i>Calculated</i>		94.73	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 assessment.
- 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 assessment

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

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LABORATORY REPORT



Name : INDRASINH R RATHOD	Sex/Age : Male / 36 Years	Case ID : 40102200551
Ref. By : HOSPITAL	Dis. At :	Pt. ID : 3298616
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 25-Jan-2024 13:22	Sample Type : Serum	Mobile No :
Sample Date and Time : 25-Jan-2024 13:22	Sample Coll. By :	Ref Id1 : OSP33107
Report Date and Time : 25-Jan-2024 14:39	Acc. Remarks : Normal	Ref Id2 : O23249466

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Liver Function Test

S.G.P.T. <i>UV with PSP</i>	46.30	U/L	16 - 63
S.G.O.T. <i>UV with PSP</i>	24.43	U/L	15 - 37
Alkaline Phosphatase <i>Enzymatic, PNPP-AMP</i>	108.22	U/L	46 - 116
Gamma Glutamyl Transferase <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate</i>	55.00	U/L	0 - 55
Proteins (Total) <i>Colorimetric, Biuret</i>	7.52	gm/dL	6.40 - 8.30
Albumin <i>Bromocresol purple</i>	5.00	gm/dL	3.4 - 5
Globulin <i>Calculated</i>	2.52	gm/dL	2 - 4.1
A/G Ratio <i>Calculated</i>	2.0		1.0 - 2.1
Bilirubin Total <i>Photometry</i>	0.44	mg/dL	0.3 - 1.2
Bilirubin Conjugated <i>Diazotization reaction</i>	0.12	mg/dL	0 - 0.50
Bilirubin Unconjugated <i>Calculated</i>	0.32	mg/dL	0 - 0.8

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

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M.D. (Pathologist)

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LABORATORY REPORT



Name : **INDRASINH R RATHOD** Sex/Age : **Male / 36 Years** Case ID : **40102200551**
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **3298618**
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : 25-Jan-2024 13:22 Sample Type : Serum Mobile No :
 Sample Date and Time : 25-Jan-2024 13:22 Sample Coll. By : Ref Id1 : **OSP33107**
 Report Date and Time : 25-Jan-2024 14:38 Acc. Remarks : Normal Ref Id2 : **O23249466**

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BUN (Blood Urea Nitrogen) <small>GLDH</small>	9.2	mg/dL	8.90 - 20.60	
Creatinine	0.85	mg/dL	0.50 - 1.50	
Uric Acid <small>Uricase</small>	5.74	mg/dL	3.5 - 7.2	

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

Dr. Shreya Shah

M.D. (Pathologist)

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LABORATORY REPORT



Name : INDRASINH R RATHOD	Sex/Age : Male / 36 Years	Case ID : 40102200551
Ref.By : HOSPITAL	Dis. At :	Pl. ID : 3298816
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 25-Jan-2024 13:22	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 25-Jan-2024 13:22	Sample Coll. By :	Ref Id1 : OSP33107
Report Date and Time : 25-Jan-2024 14:38	Acc. Remarks : Normal	Ref Id2 : O23249466

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Glycated Haemoglobin Estimation				
HbA1C	5.67	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) Calculated	116.03	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-Very Low,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

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M.D. (Pathologist)

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LABORATORY REPORT



Name : INDRASINH R RATHOD	Sex/Age : Male / 36 Years	Case ID : 40102200551
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3298616
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 25-Jan-2024 13:22	Sample Type : Serum	Mobile No :
Sample Date and Time : 25-Jan-2024 13:22	Sample Coll. By :	Ref Id1 : OSP33107
Report Date and Time : 25-Jan-2024 14:38	Acc. Remarks : Normal	Ref Id2 : O23249466

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Thyroid Function Test				
Triiodothyronine (T3)	104.95	ng/dL	70 - 204	
Thyroxine (T4) CMA	7.67	ng/dL	4.87 - 11.72	
TSH CMA	0.98	µIU/mL	0.4 - 4.2	

INTERPRETATIONS

- Circulating TSH measurement has been used for screening for euthyroidism, screening and diagnosis for hyperthyroidism & hypothyroidism. Suppressed TSH (<0.01 µIU/mL) suggests a diagnosis of hyperthyroidism and elevated concentration (>7 µIU/mL) suggest hypothyroidism. TSH levels may be affected by acute illness and several medications including dopamine and glucocorticoids. Decreased (low or undetectable) in Graves disease. Increased in TSH secreting pituitary adenoma (secondary hyperthyroidism), PRTH and in hypothalamic disease thyrotropin (tertiary hyperthyroidism). Elevated in hypothyroidism (along with decreased T4) except for pituitary & hypothalamic disease.
- Mild to modest elevations in patient with normal T3 & T4 levels indicates impaired thyroid hormone reserves & incipient hypothyroidism (subclinical hypothyroidism).
- Mild to modest decrease with normal T3 & T4 indicates subclinical hyperthyroidism.
- Degree of TSH suppression does not reflect the severity of hyperthyroidism, therefore, measurement of free thyroid hormone levels is required in patient with a suppressed TSH level.

CAUTIONS

Sick, hospitalized patients may have falsely low or transiently elevated thyroid stimulating hormone. Some patients who have been exposed to animal antigens, either in the environment or as part of treatment or imaging procedure, may have circulating antianimal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

TSH ref range in pregnancy

First trimester
Second trimester
Third trimester

Reference range (microIU/ml)

0.24 - 2.00
0.43-2.2
0.8-2.5

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

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LABORATORY REPORT



Name : INDRASINH R RATHOD	Sex/Age : Male / 36 Years	Case ID : 40102200551
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3298616
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 25-Jan-2024 13:22	Sample Type : Serum	Mobile No :
Sample Date and Time : 25-Jan-2024 13:22	Sample Coll. By :	Ref Id1 : OSP33107
Report Date and Time : 25-Jan-2024 14:38	Acc. Remarks : Normal	Ref Id2 : O23249466

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/↑	↓

Pending Services
Blood Glucose Fasting & Postprandial

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

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

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

Dr. Shreya Shah
M.D. (Pathologist)

Printed On : 25-Jan-2024 16:02

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CIN: LB5110GJ2012PLC072647

 **aashka**
HOSPITAL



PATIENT NAME:INDRASINH R RATHOD

GENDER/AGE:Male / 35 Years

DATE:25/01/24

DOCTOR:

OPDNO:OSP33107

X-RAY CHEST PA

Both lung fields appear clear

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.

Impression: Normal Chest X-ray examination.



RADIOLOGIST

DR.MEHUL PATELIYA

PATIENT NAME: INDRASINH R RATHOD

GENDER/AGE: Male / 35 Years

DATE: 25/01/24

DOCTOR:

OPDNO: OSP33107

SONOGRAPHY OF ABDOMEN AND PELVIS

LIVER: Liver appears normal in size and shows raised parenchymal echoes suggest fatty liver. 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 4.6 cms in size.

Left kidney measures about 10.6 x 4.8 cms in size.

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

Aorta, IVC and para aortic region appears normal.

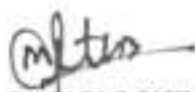
No evidence of ascites is seen.

BLADDER: Bladder is normally distended and appears normal. No evidence of bladder calculus, diverticulum or mass lesion is seen.

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:

- Fatty liver grade I.
- Normal sonographic appearance of GB, Pancreas, spleen, kidneys, para-aortic region, bladder and prostate.



RADIOLOGIST

DR. MEHUL PATELIYA

PATIENT NAME:INDRASINH R RATHOD

GENDER/AGE:Male / 35 Years

DATE:25/01/24

DOCTOR:DR.HASIT JOSHI

OPDNO:OSP33107

2D-ECHO

MITRAL VALVE	: NORMAL	
AORTIC VALVE	: NORMAL	
TRICUSPID VALVE	: NORMAL	
PULMONARY VALVE	: NORMAL	
AORTA	: 34mm	
LEFT ATRIUM	: 31mm	
LV Dd / Ds	: 37/23mm	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	: 0.9/0.6m/s	
AORTIC	: 1.1m/s	
PULMONARY	: 0.9m/s	
COLOUR DOPPLER	: TRIVIAL MR /TR	
RVSP	: 26mmHg	
CONCLUSION	: NORMAL LV SIZE / SYSTOLIC FUNCTION.	

CARDIOLOGIST

DR. HASIT JOSHI (9825012235)

25.01.2024 4:14:12 PM
AARJKA HOSPITAL LTD,
SARGASAN
GANDHINAGAR

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

Room:

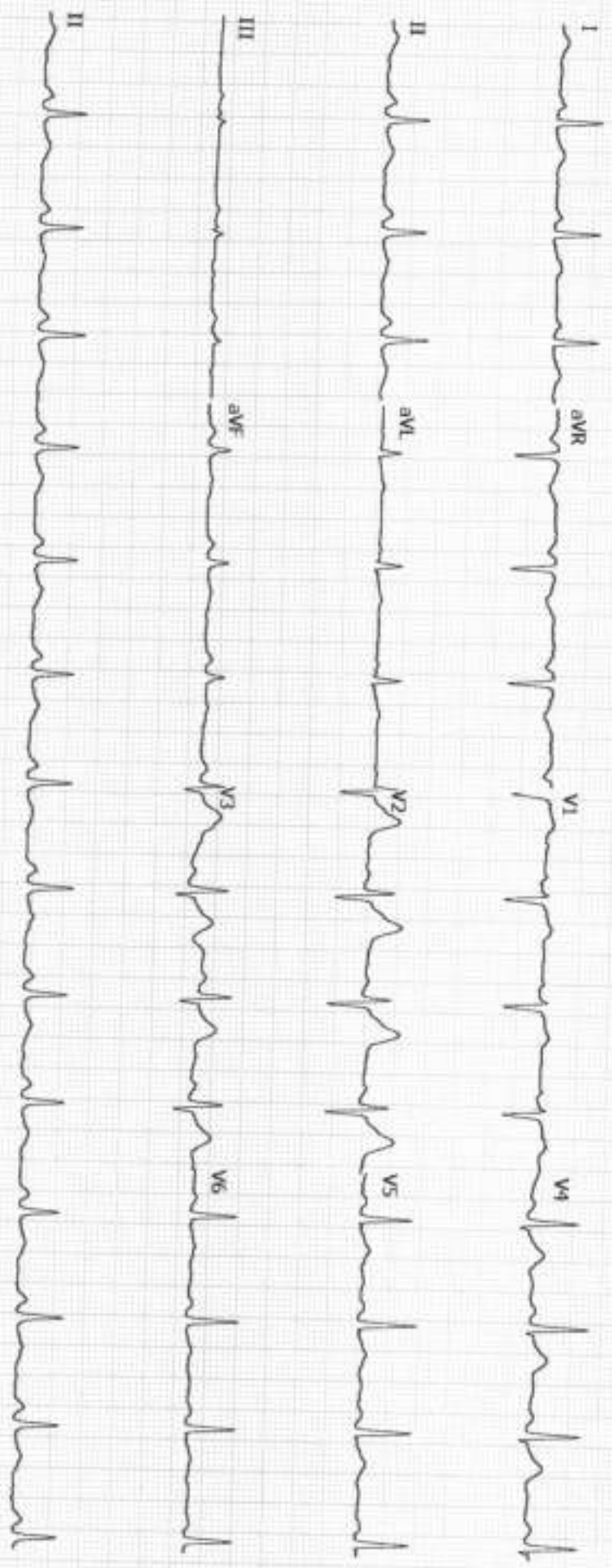
0459 LOT 0 942 #

84 bpm
- / - mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 74 ms
QT / QTc Baz : 354 / 418 ms
PR : 148 ms
P : 116 ms
RR / PP : 714 / 714 ms
P / QRS / T : 60 / 32 / 28 degrees

Normal sinus rhythm
Normal ECG



MAC2000

1.1

12SL™ V2-11

25 mm/s 10 mm/mV

ADS

0.56-20 Hz

50 Hz

Unconfirmed
4x2.5x3 25 R1

1/1

25.01.2024 4:12:37 PM
AASHVA HOSPITAL, LTD.
SARGASAN
GANDHINAGAR

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

Room:

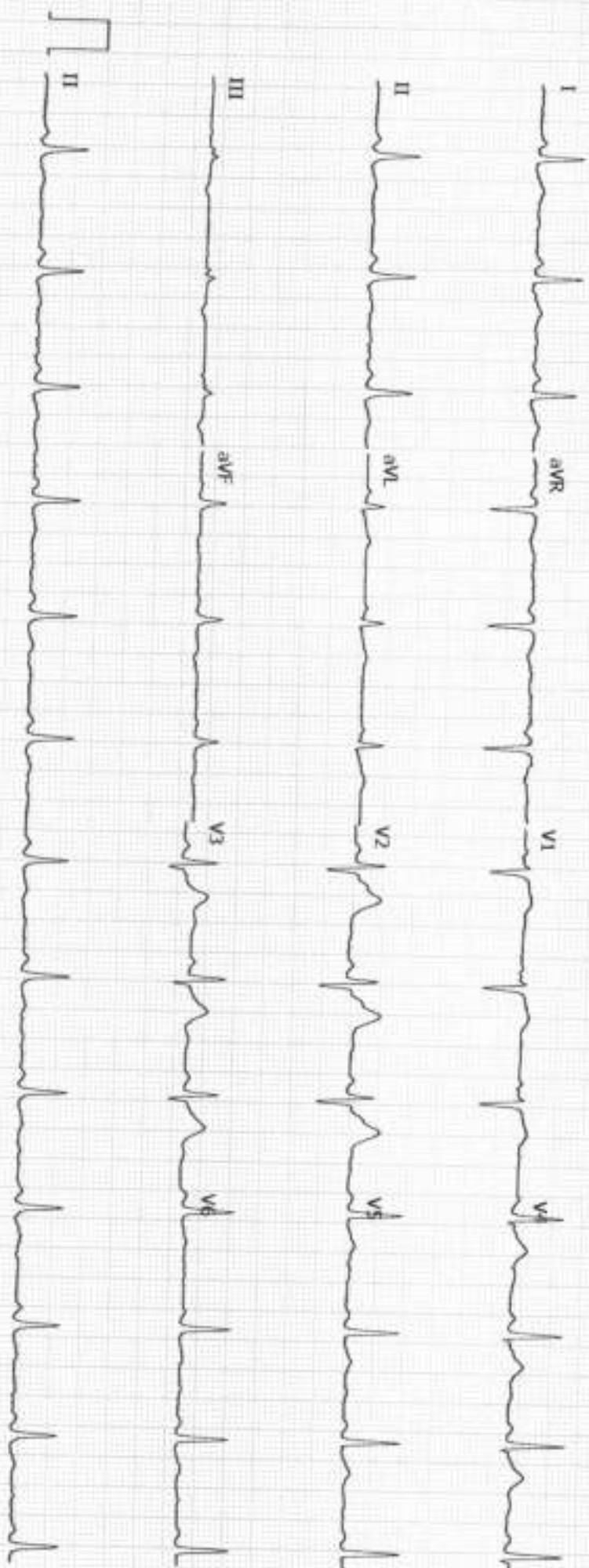
04/09 107 0 942 #

76 bpm
- / - mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS :	76 ms
QT / QTcBaz :	364 / 409 ms
PR :	120 ms
P :	86 ms
RR / PP :	784 / 789 ms
P / QRS / T :	25 / 38 / 2 degrees

Normal sinus rhythm
Nonspecific T wave abnormality
Abnormal 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