

Fwd: Health Check up Booking Confirmed Request(bobS9789),Package Code-PKG10000475, Beneficiary Code-242278

Anand patel dena bank <anand.sap1991@gmail.com>

Thu 07-03-2024 17:09

To:Mehtapura Branch, Sabarkantha Region <MEHTAP@bankofbaroda.com>

पेन के बाहर से आया है. अगर आप प्रेषक को नहीं जानते तो मेल में दी गयी लिंक पर क्लिक ना करें या अटें
IS ORIGINATED FROM OUTSIDE OF THE BANK'S DOMAIN. DO NOT CLICK ON LINKS OR OP

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

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

Date: Mon, 26 Feb, 2024, 5:11 pm

Subject: Health Check up Booking Confirmed Request(bobS9789),Package Code-PKG10000475, Beneficiary Code-242278

To: <anand.sap1991@gmail.com>

Cc: <customercare@mediwheel.in>

011-41195959

Dear ANAND PATEL,

We are pleased to confirm your health checkup booking request with the following details.

Hospital Package Name	: Mediwheel Full Body Health Checkup Female Below 40
Patient Package Name	: Mediwheel Full Body Health Checkup Male Below 40
Name of Diagnostic/Hospital	: Aashka Multispeciality Hospital
Address of Diagnostic/Hospital-	: Between Sargassan & Reliance Cross Road, Gandhinagar -0382421
City	: Gandhi Nagar
State	:
Pincode	: 382421
Appointment Date	: 09-03-2024
Confirmation Status	: Booking Confirmed
Preferred Time	: 09:00 am - 09:30 am
Booking Status	: Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
TaraI	31 year	Female

Note - Please note to not pay any amount at the center.

Instructions to undergo Health Check:

- Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
- Bring urine sample in a container if possible (containers are available at the Health Check centre).
- Please bring all your medical prescriptions and previous health medical records with you.
- Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

For Women:

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

Request you to reach half an hour before the scheduled time.

In case of further assistance, Please reach out to Team Mediwheel.

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.

Please visit to our **Terms & Conditions** for more informaion. This email is recieved because you are register with us **Click here** to unsubscribe.

Form No. 1
12/2018



नाम / Name : ANAND KUMAR PATEL
DOB / Date of Birth : 19/08/1991
पता का शीर्षक / Address : NARESHBHAI PATEL
श्री. शि. व. व. / Mr. Shri. V. V. / FRAMBAH/PS/HD : 0014592
रखा समूह / BG : B.V.I.E.
जारी करने की तिथि / Date of Issue : 06/09/2018

(Signature)

अधिकारी का हस्ताक्षर / Signature of Issuing Authority



Name: Tarab Patel. Age: 32 yr.

Complaints:

No of deliveries: 1 F1GCS/O⁺16yr

Last Delivery: —

History of abortion: —

Last abortions: —

H/O medical conditions associated:

DM
HTN
Thyroid

MH: 2-3/40-45 Reg: IP. Singh

LMP: 12/0121

P/A:

P/S: Go. (C) 8x Aug.
P/V: swidig (+)

Sample:-

Vagina
Cervix

Doctors Sign:- Tarab Patel

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



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

UHID:	Date: 09/06/24	Time: 11.00
Patient Name: Tareel . A . Patel	Age / Sex:	Height:
History: c/o Compny Hx of chert.	Weight:	
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination:		
Diagnosis:		



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

UHID: <u>OSP33455</u>	Date: <u>9/3/20</u>	Time:
Patient Name: <u>Tarek A. Patel</u>	Age/Sex: <u>32/MA F</u>	Height: <u>157</u>
		Weight: <u>62.5</u>
Chief Complain:		
History:	<u>Resonance dentures checks up</u>	
Allergy History:		
Nutritional Screening:	<u>Well-Nourished / Malnourished / Obese</u>	
Examination:		
Extra oral :		
Intra oral – Teeth Present :	<u>Stain +</u> <u>calculus ++</u>	
Teeth Absent :	<u>Impacted teeth</u> <u>8+</u>	
Diagnosis:		

9/03/24
at: 3:20 pm

pt Name - Taval Patel

32 y2 / F

NO any active complaints
NO any other co-morbidities.

P- 98/min

BP- 112/70 mmHg

SPO₂ - 99% on RA

RS | NAD
CUS | NAD

- all blood investigations noted

LDL cho - 135 Ⓜ

- ECG - NSR

- CXR - NAD

- USG - calculi @ mc

- 2D Echo - EF - 60%

Ⓜ LV fun.

Ashu
- general sx opinion.





LABORATORY REPORT



Name : TARAL A PATEL
Ref.By : HOSPITAL
Bill. Loc. : Aashka hospital

Sex/Age : Female/ 32 Years
Dis. At :
Pt. Loc :

Case ID : 40302200282

Pt. ID : 3415901

Pt. Loc :

Reg Date and Time : 09-Mar-2024 09:57 Sample Type : Whole Blood EDTA
Sample Date and Time : 09-Mar-2024 09:57 Sample Coll. By :
Report Date and Time : 09-Mar-2024 11:19 Acc. Remarks : Normal

Mobile No :

Ref Id1 : OSP33455

Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin	12.5	G%	12.0 - 15.0	
RBC (Electrical Impedance)	4.57	millions/cumm	3.80 - 4.80	
PCV(Calc)	38.25	%	36.00 - 46.00	
MCV (RBC histogram)	83.7	fL	83.00 - 101.00	
MCH (Calc)	27.5	pg	27.00 - 32.00	
MCHC (Calc)	32.8	gm/dL	31.50 - 34.50	
RDW (RBC histogram)	13.30	%	11.00 - 16.00	

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

Total WBC Count	7870	/ μ L	4000.00 - 10000.00	
Neutrophil	69.6	%	40.00 - 70.00	[Abs] 5430
Lymphocyte	25.0	%	20.00 - 40.00	1968
Eosinophil	1.0	%	1.00 - 6.00	79
Monocytes	5.0	%	2.00 - 10.00	394
Basophil	0.0	%	0.00 - 2.00	0

PLATELET COUNT (Optical)

Platelet Count	261000	/ μ L	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	2.76		0.78 - 3.53

SMEAR STUDY

RBC Morphology	Normocytic Normochromic RBCs.
WBC Morphology	Total WBC count within normal limits.
Platelet	Platelets are adequate in number.
Parasite	Malarial Parasite not seen on smear.

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



Dr. Shreya Shah
M.D. (Pathologist)

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LABORATORY REPORT



Name : TARAL A PATEL
Ref.By : HOSPITAL
Bill. Loc. : Aashka hospital

Sex/Age : Female/ 32 Years
Dis. At :
Pl. Loc. :

Case ID : 40302200282

PL ID : 3415901

PL Loc :

Reg Date and Time : 09-Mar-2024 09:57 Sample Type : Whole Blood EDTA

Mobile No. :

Sample Date and Time : 09-Mar-2024 09:57 Sample Coll. By :

Ref Id1 : OSP33455

Report Date and Time : 09-Mar-2024 14:09 Acc. Remarks : Normal

Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF. RANGE	REMARKS
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ESR <i>Westergren Method</i>	05		mm after 1hr 3 - 20	
---------------------------------	----	--	---------------------	--

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

Dr. Shreya Shah
M.D. (Pathologist)

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LABORATORY REPORT



Name : **TARAL A PATEL**

Sex/Age : Female/ 32 Years Case ID : 40302200282

Ref.By : HOSPITAL

Dis. At :

Pt. ID : 3415901

Bill. Loc. : Aashka hospital

Pt. Loc :

Reg Date and Time : 09-Mar-2024 09:57

Sample Type : Whole Blood EDTA

Mobile No :

Sample Date and Time : 09-Mar-2024 09:57

Sample Coll. By :

Ref Id1 : OSP33455

Report Date and Time : 09-Mar-2024 13:04

Acc. Remarks : Normal

Ref Id2 :

TEST

RESULTS

UNIT BIOLOGICAL REF RANGE

REMARKS

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 : TARAL A PATEL

Sex/Age : Female/ 32 Years Case ID : 40302200282

Ref.By : HOSPITAL

Dis. At : Pt. ID : 3415901

Bill. Loc. : Ashka hospital

Pt. Loc :

Reg Date and Time : 09-Mar-2024 09:57

Sample Type : Plasma Fluoride F,Plasma Fluoride PP,Serum

Mobile No :

Sample Date and Time : 09-Mar-2024 09:57

Sample Coll. By :

Ref Id1 : OSP33455

Report Date and Time : 09-Mar-2024 13:36

Acc. Remarks : Normal

Ref Id2 :

TEST RESULTS

BIOLOGICAL REF RANGE

REMARKS

Plasma Glucose - F <i>Photometric,Hexokinase</i>	H	105.21	mg/dL	70 - 100	
Plasma Glucose - PP		104.13	mg/dL	70.0 - 140.0	
BUN (Blood Urea Nitrogen) <i>GLDH</i>		12.1	mg/dL	7.00 - 18.70	
Uric Acid <i>Uricase</i>		4.49	mg/dL	2.6 - 6.2	
Creatinine		0.83	mg/dL	0.50 - 1.50	

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

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M.D. (Pathologist)

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Neuberg Diagnostics Private Limited

Laboratory : "KEDAR", Opposite Krupa Petrol Pump, Near Perimal Garden,
Ahmedabad - 380006 | 079-40408181 / 61618181 | contact@neubergsupratech.com

Regd. Office : Plot No. 7, Industrial Estate, Rajiv Gandhi Solai, Perungudi,
Chennai - 600096, Tamil Nadu, India. | CIN - U85300TN2017PTC114099
www.neubergsupratech.com



LABORATORY REPORT



Name : TARAL A PATEL

Sex/Age : Female/ 32 Years Case ID : 40302200282

Ref.By : HOSPITAL

Dis. At : Pt. ID : 3415901

Bill. Loc. : Aashka hospital

Pt. Loc :

Reg Date and Time : 09-Mar-2024 09:57

Sample Type : Whole Blood EDTA

Mobile No :

Sample Date and Time : 09-Mar-2024 09:57

Sample Coll. By :

Ref Id1 : OSP33455

Report Date and Time : 09-Mar-2024 11:35

Acc. Remarks : Normal

Ref Id2 :

TEST

RESULTS

UNIT

BIOLOGICAL REF RANGE

REMARKS

Glycated Haemoglobin Estimation

HbA1C

5.37

% of total Hb <5.7: Normal
5.7-6.4: Prediabetes
>=6.5: Diabetes

Estimated Avg Glucose (3 Mths)

107.42

mg/dL

Not available

Please Note change in reference range as per ADA 2021 guidelines.

Interpretation :

HbA1C level reflects the mean glucose concentration over previous 8-12 weeks and provides better indication of long term glycemic control. Levels of HbA1C may be low as result of shortened RBC life span in case of hemolytic anemia.

Increased HbA1C values may be found in patients with polycythemia or post splenectomy patients.

Patients with Homozygous forms of rare variant Hb(CC,SS,EE,SC) HbA1c can not be quantitated as there is no HbA.

In such circumstances glycemic control can be monitored using plasma glucose levels or serum Fructosamine.

The A1c target should be individualized based on numerous factors, such as age, life expectancy, comorbid conditions, duration of diabetes, risk of hypoglycemia or adverse consequences from hypoglycemia, patient motivation and adherence.

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



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www.neubergsupratech.com



LABORATORY REPORT

Name : TARAL A PATEL

Sex/Age : Female/ 32 Years

Case ID : 40302200282

Ref.By : HOSPITAL

Dis. At :

PL ID : 3415901

Bill. Loc. : Aashka hospital

PL Loc :

Reg Date and Time : 09-Mar-2024 09:57

Sample Type : Serum

Mobile No :

Sample Date and Time : 09-Mar-2024 09:57

Sample Coll. By :

Ref Id1 : OSP33455

Report Date and Time : 09-Mar-2024 13:36

Acc. Remarks : Normal

Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol <i>Colorimetric, CHOD-PAP</i>	194.36	mg/dL	110 - 200	
HDL Cholesterol	L 41.2	mg/dL	48 - 77	
Triglyceride <i>Glycerol Phosphate Oxidase</i>	81.65	mg/dL	<150	
VLDL <i>Calculated</i>	16.33	mg/dL	10 - 40	
Chol/HDL <i>Calculated</i>	H 4.72		0 - 4.1	
LDL Cholesterol <i>Calculated</i>	H 136.83	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-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 : TARAL A PATEL

Sex/Age : Female/ 32 Years Case ID : 40302200282

Ref.By : HOSPITAL

Dis. At : Pt. ID : 3415901

Bill. Loc. : Aashka hospital

Pt. Loc :

Reg Date and Time : 09-Mar-2024 09:57

Sample Type : Serum

Mobile No :

Sample Date and Time : 09-Mar-2024 09:57

Sample Coll. By :

Ref Id1 : OSP33455

Report Date and Time : 09-Mar-2024 13:51

Acc. Remarks : Normal

Ref Id2 :

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>	31.37	U/L	14 - 59	
S.G.O.T. <i>UV with P5P</i>	27.79	U/L	15 - 37	
Alkaline Phosphatase <i>Enzymatic, PNPP-AMP</i>	108.56	U/L	46 - 116	
Gamma Glutamyl Transferase <i>L-Gamma-glutamyl-3-carboxy-4-nitrosulide Substrate</i>	24.44	U/L	0 - 38	
Proteins (Total) <i>Colorimetric, Biuret</i>	8.23	gm/dL	6.40 - 8.30	
Albumin <i>Bromocresol purple</i>	4.94	gm/dL	3.4 - 5	
Globulin <i>Calculated</i>	3.29	gm/dL	2 - 4.1	
A/G Ratio <i>Calculated</i>	1.5		1.0 - 2.1	
Bilirubin Total <i>Photometry</i>	0.60	mg/dL	0.3 - 1.2	
Bilirubin Conjugated <i>Diazotization reaction</i>	0.25	mg/dL	0 - 0.50	
Bilirubin Unconjugated <i>Calculated</i>	0.35	mg/dL	0 - 0.8	

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



Dr. Shreya Shah

M.D. (Pathologist)

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LABORATORY REPORT



Name : TARAL A PATEL

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 32 Years

Dis. At :

Pl. Loc :

Case ID : 40302200282

Pl. ID : 3415901

Pl. Loc :

Reg Date and Time : 09-Mar-2024 09:57

Sample Type : Serum

Mobile No :

Sample Date and Time : 09-Mar-2024 09:57

Sample Coll. By :

Ref Id1 : OSP33455

Report Date and Time : 09-Mar-2024 11:57

Acc. Remarks : Normal

Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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Thyroid Function Test

Triiodothyronine (T3)	176.96	ng/dL	70 - 204	
Thyroxine (T4) C _{RIA}	10.75	ng/dL	4.87 - 11.72	
TSH C _{RIA}	1.65	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)

Dr. Shreya Shah
M.D. (Pathologist)

Printed On : 09-Mar-2024 14:13





LABORATORY REPORT



Name : **TARAL A PATEL** Sex/Age : Female/ 32 Years Case ID : 40302200282
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : 3415901
 Bill. Loc. : Aashka hospital Pt. Loc :
 Reg Date and Time : 09-Mar-2024 09:57 Sample Type : Serum Mobile No :
 Sample Date and Time : 09-Mar-2024 09:57 Sample Coll. By : Ref Id1 : OSP33456
 Report Date and Time : 09-Mar-2024 11:57 Acc. Remarks : Normal Ref Id2 :

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, hypothyroidism 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

First trimester

Second trimester

Third trimester

Reference range (microIU/ml)

0.24 - 2.00

0.43-2.2

0.8-2.5

	T3	T4	TSH
Normal Thyroid function	N	N	N
Primary Hypothyroidism	↑	↑	↓
Secondary Hypothyroidism	↑	↑	↑
Grave's Thyroiditis	↑	↑	↑
T3 Thyrotoxicosis	↑	N	N/↓
Primary Hypothyroidism	↓	↓	↑
Secondary Hypothyroidism	↓	↓	↓
Subclinical Hypothyroidism	N	N	↑
Patient on treatment	N	N/↑	↓

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 : TARAL A PATEL

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 32 Years

Dis. At :

Case ID : 40302200282

Pt. ID : 3415901

Pt. Loc :

Reg Date and Time : 09-Mar-2024 09:57 Sample Type : Spot Urine

Sample Date and Time : 09-Mar-2024 09:57 Sample Coll. By :

Mobile No :

Ref Id1 : OSP33455

Report Date and Time : 09-Mar-2024 11:35 Acc. Remarks : Normal

Ref Id2 :

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 1.020

1.005 - 1.030

pH 7.50

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

/µL Nil

Yeast Nil

/µL Nil

Cast Nil

/LPF Nil

Crystals Nil

/HPF Nil

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



Dr. Shreya Shah

M.D. (Pathologist)

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LABORATORY REPORT

Name : **TARAL A PATEL**

Sex/Age : **Female/ 32 Years**

Case ID : **40302200282**

Ref.By : **HOSPITAL**

Dis. At :

Pl. ID : **3415901**

Bill. Loc. : **Aashika hospital**

Pt. Loc :

Reg Date and Time : **09-Mar-2024 09:57** Sample Type : **Spot Urine**

Mobile No :

Sample Date and Time : **09-Mar-2024 09:57** Sample Coll. By :

Ref Id1 : **OSP33455**

Report Date and Time : **09-Mar-2024 11:35** Acc. Remarks : **Normal**

Ref Id2 :

Parameter	Unit	Expected value	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	Trace	+	++	+++	++++
Leukocytes (Strip)	/micro L	Negative (<10)	10	25	100	500	-
Nitrite(Strip)	-	Negative	-	-	-	-	-
Erythrocytes(Strip)	/micro L	Negative (<5)	10	25	50	150	250
Pus cells (Microscopic)	/hpf	<5	-	-	-	-	-
Red blood cells(Microscopic)	/hpf	<2	-	-	-	-	-
Cast (Microscopic)	/lpf	<2	-	-	-	-	-

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

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

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



Dr. Shreya Shah
M.D. (Pathologist)

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Neuberg Diagnostics Private Limited

Laboratory : "KEDAR" Opposite Krupa Petrol Pump, Near Parimal Garden, Ahmedabad - 380006 ☎ 079-40408181 / 61618181
contact@neubergsupratech.com

Regd. Office : Plot No. 7, Industrial Estate, Rajiv Gandhi Solai, Perungudi, Chennai - 600096, Tamil Nadu, India. | CIN - U85300TN2017PTC114099
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CIN: L85110GJ2012PLC072647

 **aashka**
H O S P I T A L



PATIENT NAME:TARAL ANANDKUMAR PATEL

GENDER/AGE:Female / 32 Years

DATE:09/03/24

DOCTOR:

OPDNO:OSP33455

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

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 **aashka**
H O S P I T A L



PATIENT NAME: TARAL ANANDKUMAR PATEL

GENDER/AGE: Female / 32 Years

DOCTOR:

OPDNO:OSP33455

DATE:09/03/24

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. 3-4 calculi are seen in right upper, middle and lower calyx, largest 5 mm. Few left renal concretions are 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. Prevoid bladder volume measures about 186 cc.

UTERUS: Uterus is anteverted and appears normal in size, shape and position. Endometrial and myometrial echoes appear normal. Endometrial thickness measures about 5.8 mm. No evidence of uterine mass lesion is seen.

Bilateral adnexa appears normal.

COMMENT: 3-4 calculi seen in right upper, middle and lower calyx, largest 5 mm. Few left renal concretions seen.

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


DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST

PATIENT NAME: TARAL ANANDKUMAR PATEL

GENDER/AGE: Female / 32 Years

DATE: 09/03/24

DOCTOR: DR. HASIT JOSHI

OPDNO: OSP33455

2D-ECHO

MITRAL VALVE : MILD MVP
AORTIC VALVE : NORMAL
TRICUSPID VALVE : NORMAL
PULMONARY VALVE : NORMAL
AORTA : 28mm
LEFT ATRIUM : 27mm
LV Dd / Ds : 32/22mm EF 60%
IVS / LVPW / D : 8/8mm
IVS : INTACT
IAS : INTACT
RA : NORMAL
RV : NORMAL
PA : NORMAL
PERICARDIUM : NORMAL
VEL : PEAK MEAN
M/S : Gradient mm Hg Gradient mm Hg
MITRAL : 1.2/0.7m/s
AORTIC : 1.2m/s
PULMONARY : 1.1m/s
COLOUR DOPPLER : TRIVIAL MR/ MILD TR / NO PAH
RVSP :
CONCLUSION : NORMAL LV FUNCTION.

CARDIOLOGIST

DR. HASIT JOSHI (9825012235)



09.03.2024 11:20:39 AM
AASHIKA HOSPITAL LTD.
SARGASAN
GANDHINAGAR

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

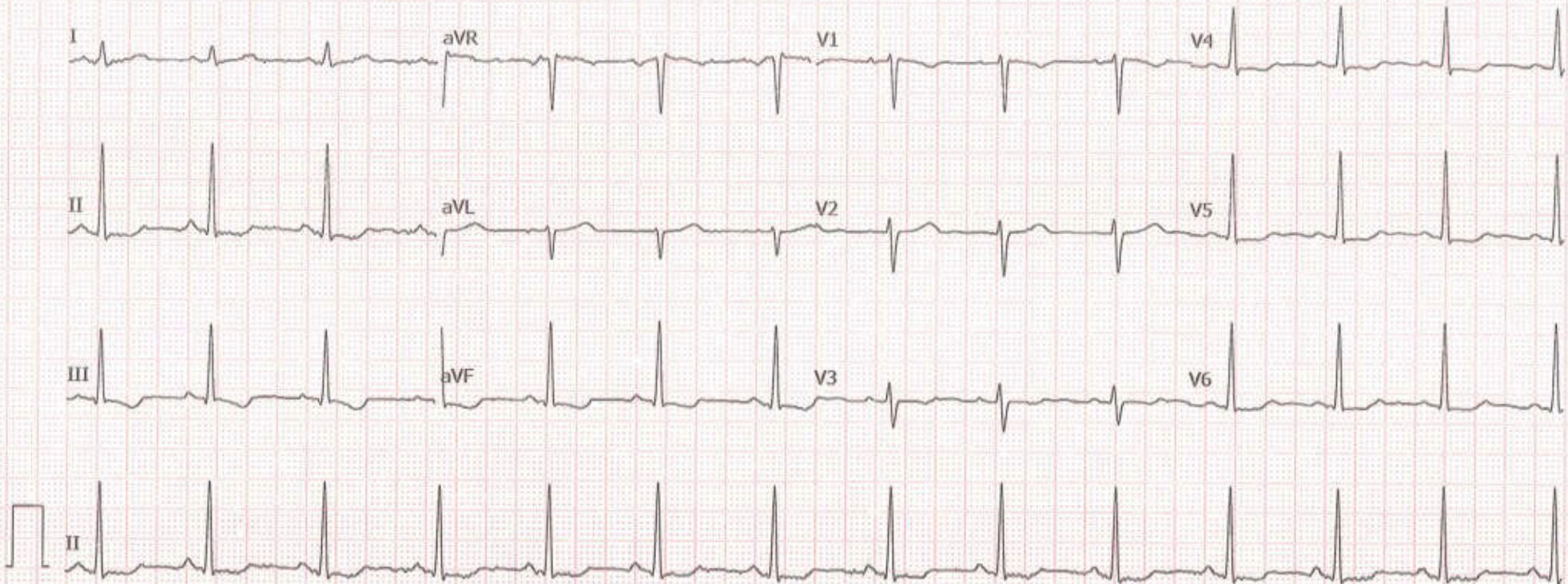
Room:

80 bpm
-- / -- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 74 ms
QT / QTcBaz : 370 / 426 ms
PR : 138 ms
P : 94 ms
RR / PP : 748 / 750 ms
P / QRS / T : 56 / 80 / -22 degrees

Normal sinus rhythm
Nonspecific ST and T wave abnormality
Abnormal ECG



09.03.2024 11:21:32 AM
AASHIKA HOSPITAL LTD.
SARGASAN
GANDHINAGAR

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

Room:

80 bpm
- / - mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 72 ms
QT / QTcBaz : 376 / 433 ms
PR : 142 ms
P : 82 ms
RR / PP : 744 / 750 ms
P / QRS / T : 56 / 82 / -3 degrees

Normal sinus rhythm
Nonspecific T wave abnormality
Abnormal ECG

