







ભારત સરકાર  
GOVERNMENT OF INDIA



પાર્થ ગજજર

Parth Gajjar

જન્મનું વર્ષ / Year of Birth : 1987

પુરુષ / Male



7342 7857 2491

આધાર - સામાન્ય માણસનો અધિકાર



ભારતીય વિશિષ્ટ ઓળખાણ પ્રાધિકરણ  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

સરનામું:

S/O: અશ્વિનકુમાર ગજજર, પ્લોટ  
નં-169/2, આંનંદ વાટિકા  
સોસાયટી, સેક્ટર-22, ગાંધીનગર,  
ગાંધીનગર સેક્ટર ૨૧, ગુજરાત,  
382021

Address:

S/O: Ashwinkumar Gajjar,  
plot no-169/2, Anand vatika  
society, Sector-22,  
Gandhinagar, (gandhinagar)  
Sector 21, Gujarat, 382021



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1800 180 1947



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P.O. Box No.1947,  
Bengaluru-560 001





10.02.2024 11:31:37 AM  
AASHKA HOSPITAL LTD.  
SARGASAN  
GANDHINAGAR

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

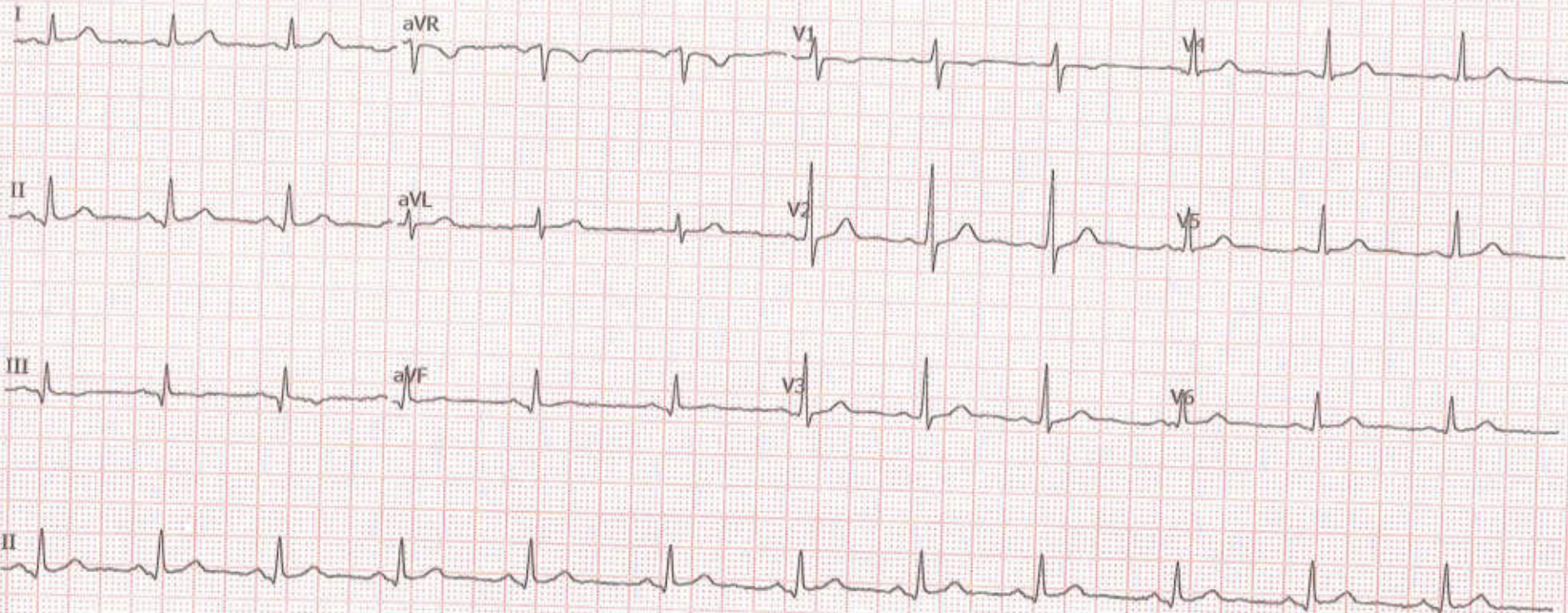
Room:

73 bpm  
- / - mmHg

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 80 ms  
QT / QTcBaz : 374 / 412 ms  
PR : 140 ms  
P : 104 ms  
RR / PP : 822 / 821 ms  
P / QRS / T : 59 / 52 / 27 degrees

Normal sinus rhythm  
Normal ECG







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: L85110GJ2012PLCC072647



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



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

<b>UHID:</b>	05P33245	<b>Date:</b>	10-2-2024	<b>Time:</b>	
<b>Patient Name:</b>	Parash				
<b>History:</b>	Postoperative cataract				
<b>Allergy History:</b>	nil				
<b>Nutritional Screening:</b>	Well-Nourished / Malnourished / Obese				
<b>Examination:</b>	Bilateral				
<b>Diagnosis:</b>	Bilateral cataract				





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CIN: L85110GZ012PLC072647

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



**PATIENT NAME: PARTH ASHWINKUMAR GAJJAR**

**GENDER/AGE: Male / 36 Years**

**DATE: 10/02/24**

**DOCTOR:**

**OPDNO: OSP33245**

### SONOGRAPHY OF ABDOMEN AND PELVIS

**LIVER:** Liver appears normal in size and shows increased parenchymal echoes. No evidence of focal 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. Bilateral renal concretions are seen.

Right kidney measures about 10.1 x 4.1 cms in size.

Left kidney measures about 10.3 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 90 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: Grade I fatty changes in liver. Bilateral renal concretions.**

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

  
**DR. SNEHAL PRAJAPATI**  
CONSULTANT RADIOLOGIST



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



PATIENT NAME: PARTH ASHWINKUMAR GAJJAR

GENDER/AGE: Male / 36 Years

DATE: 10/02/24

DOCTOR:

OPDNO: OSP33245

### 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







## LABORATORY REPORT

Sex/Age : Male / 37 Years Case ID : 40202200268  
 Pl. ID : 3340365  
 Pl. Loc :

Name : PARTH ASHWINKUMAR GAJJAR

Ref.By : AASHKA HOSPITAL

Bill. Loc. : Aashka hospital

Reg Date and Time : 10-Feb-2024 10:02 Sample Type :

Sample Date and Time : 10-Feb-2024 10:02 Sample Coll. By :

Report Date and Time : Acc. Remarks : Normal

Mobile No : 9016044004

Ref Id1 : OSP33245

Ref Id2 : O23249975

### Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
<b>Blood Urea Nitrogen (BUN)</b>			
BUN (Blood Urea Nitrogen)	8.3	mg/dL	8.90 - 20.60
<b>Lipid Profile</b>			
HDL Cholesterol	42.6	mg/dL	48 - 77
VLDL	8.98	mg/dL	10 - 40
<b>Protein With A/G Ratio</b>			
Proteins (Total)	9.14	gm/dL	6.40 - 8.30
Globulin	4.37	gm/dL	2 - 4.1
Plasma Glucose - F	100.08	mg/dL	70 - 100
Uric Acid	8.24	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 : PARTH ASHWINKUMAR GAJJAR Sex/Age : Male / 37 Years Case ID : 40202200268  
 Ref.By : AASHKA HOSPITAL Dis. At : Pt. Loc :  
 Bill. Loc. : Aashka hospital

Reg Date and Time : 10-Feb-2024 10:02 Sample Type : Whole Blood EDTA Mobile No : 9016044004  
 Sample Date and Time : 10-Feb-2024 10:02 Sample Coll. By : Ref Id1 : OSP33245  
 Report Date and Time : 10-Feb-2024 10:19 Acc. Remarks : Normal Ref Id2 : O23249975

BIOLOGICAL REF. INTERVAL REMARKS

### RESULTS UNIT

#### HAEMOGRAM REPORT

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
<b>HB AND INDICES</b>				
Haemoglobin	14.0	G%	13.00 - 17.00	
RBC (Electrical Impedance)	4.69	millions/cumm	4.50 - 5.50	
PCV(Calc)	42.02	%	40.00 - 50.00	
MCV (RBC histogram)	89.6	fL	83.00 - 101.00	
MCH (Calc)	29.7	pg	27.00 - 32.00	
MCHC (Calc)	33.2	gm/dL	31.50 - 34.50	
RDW (RBC histogram)	12.80	%	11.00 - 16.00	
<b>TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)</b>				
Total WBC Count	6820	/µL	4000.00 - 10000.00	
Neutrophil	L% 51.6	%	EXPECTED VALUES 40.00 - 70.00	L% 34.78 /µL 2000.00 - 7000.00
Lymphocyte	35.0	%	20.00 - 40.00	2387 /µL 1000.00 - 3000.00
Eosinophil	5.0	%	1.00 - 6.00	341 /µL 20.00 - 500.00
Monocytes	9.0	%	2.00 - 10.00	614 /µL 200.00 - 1000.00
Basophil	0.0	%	0.00 - 2.00	0 /µL 0.00 - 100.00

PLATELET COUNT (Optical)	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
Platelet Count	325000	/µL	150000.00 - 410000.00	
Neut/Lympho Ratio (NLR)	1.46		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: (L-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 : PARTH ASHWINKUMAR GAJJAR Sex/Age : Male / 37 Years Case ID : 40202200268  
Ref.By : AASHKA HOSPITAL Dis. At : Pt. ID : 3340365  
Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 10-Feb-2024 10:02 Sample Type : Whole Blood EDTA Mobile No : 9016044004  
Sample Date and Time : 10-Feb-2024 10:02 Sample Coll. By : Ref Id1 : OSP33245  
Report Date and Time : 10-Feb-2024 10:40 Acc. Remarks : Normal Ref Id2 : O23249975

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)

  
Dr. Shreya Shah

M.D. (Pathologist)

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## LABORATORY REPORT

Name : PARTH ASHWINKUMAR GAJJAR

Sex/Age : Male / 37 Years

Case ID : 40202200268

Ref.By : AASHKA HOSPITAL

Dis. At :

Pl. ID : 3340365

Bill. Loc. : Aashka hospital

Pt. Loc. :

Reg Date and Time : 10-Feb-2024 10:02

Mobile No : 9016044004

Sample Type : Whole Blood EDTA

Sample Date and Time : 10-Feb-2024 10:02

Sample Coll. By :

Ref Id1 : OSP33245

Report Date and Time : 10-Feb-2024 10:11

Acc. Remarks : Normal

Ref Id2 : O23249975

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



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M.D. (Pathologist)

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## LABORATORY REPORT



Name : **PARTH ASHWINKUMAR GAJJAR** Sex/Age : Male / 37 Years Case ID : 40202200268  
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : 3340365  
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 10-Feb-2024 10:02 Sample Type : Spot Urine Mobile No : 9016044004  
 Sample Date and Time : 10-Feb-2024 10:02 Sample Coll. By : Ref Id1 : OSP33245  
 Report Date and Time : 10-Feb-2024 11:11 Acc. Remarks : Normal Ref Id2 : O23249975

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

<u>Physical examination</u>				
Colour	Pale yellow			
Transparency	Clear			
Chemical Examination By Sysmex UC-3500				
Sp.Gravity	1.025		1.003 - 1.035	
pH	5.5		4.6 - 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)



**Dr. Shreya Shah**  
M.D. (Pathologist)

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## LABORATORY REPORT

Name : PARTH ASHWINKUMAR GAJJAR Sex/Age : Male / 37 Years Case ID : 40202200268  
 Ref.By : AASHKA HOSPITAL Dis. At : Pt. ID : 3340365  
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 10-Feb-2024 10:02 Sample Type : Spot Urine Mobile No : 9016044004  
 Sample Date and Time : 10-Feb-2024 10:02 Sample Coll. By : Ref Id1 : OSP33245  
 Report Date and Time : 10-Feb-2024 11:11 Acc. Remarks : Normal Ref Id2 : O23249975

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
Glucose	mg/dL	Negative (<30)	30	50	100	300
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/Notations			
			Trace	+	++	+++
Leukocytes (Strip)	/micro L	Negative (<10)	10	25	100	500
Nitrite(Strip)	-	Negative	-	-	-	-
Erythrocytes(Strip)	/micro L	Negative (<5)	10	25	50	150
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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M.D. (Pathologist)





## LABORATORY REPORT

Name : PARTH ASHWINKUMAR GAJJAR Sex/Age : Male / 37 Years Case ID : 40202200268  
 Ref.By : AASHKA HOSPITAL Dis. At : Pt. ID : 3340365  
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 10-Feb-2024 10:02 Sample Type : Plasma Fluoride F, Plasma  
 Fluoride PP, Serum Mobile No : 9016044004  
 Sample Date and Time : 10-Feb-2024 10:02 Sample Coll. By : Ref Id1 : OSP33245  
 Report Date and Time : 10-Feb-2024 14:33 Acc. Remarks : Normal Ref Id2 : O23249975

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Plasma Glucose - F <i>Photometric, Hexokinase</i>	H 100.08	mg/dL	70 - 100	
Plasma Glucose - PP	120.47	mg/dL	70.0 - 140.0	
BUN (Blood Urea Nitrogen) <i>GLDH</i>	L 8.3	mg/dL	8.90 - 20.60	
Creatinine	1.01	mg/dL	0.50 - 1.50	
Uric Acid <i>Uricase</i>	H 8.24	mg/dL	3.5 - 7.2	

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



Dr. Shreya Shah  
 M.D. (Pathologist)









## LABORATORY REPORT



**Name :** PARTH ASHWINKUMAR GAJJAR      Sex/Age : Male / 37 Years      Case ID : 40202200268  
**Ref.By :** AASHKA HOSPITAL      Dis. At :      Pl. ID : 3340365  
**Bill. Loc. :** Aashka hospital      Pl. Loc :      Mobile No : 9016044004  
**Reg Date and Time :** 10-Feb-2024 10:02      Sample Type : Serum      Ref Id1 : OSP33245  
**Sample Date and Time :** 10-Feb-2024 10:02      Sample Coll. By :      Ref Id2 : O23249975  
**Report Date and Time :** 10-Feb-2024 14:33      Acc. Remarks : Normal

TEST      RESULTS      UNIT      BIOLOGICAL REF RANGE      REMARKS

### BIOCHEMICAL INVESTIGATIONS

#### Lipid Profile

<b>Cholesterol</b> Colorimetric, CHOD-POD	148.92	mg/dL	110 - 200
<b>HDL Cholesterol</b>	L 42.6	mg/dL	48 - 77
<b>Triglyceride</b> Glycerol Phosphate Oxidase	44.92	mg/dL	<150
<b>VLDL</b> Calculated	L 8.98	mg/dL	10 - 40
<b>Chol/HDL</b> Calculated	3.50		0 - 4.1
<b>LDL Cholesterol</b> Calculated	97.34	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: (L-Low, V-Very Low, H-High, HH-Very High, A-Abnormal)



**Dr. Shreya Shah**  
M.D. (Pathologist)

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## LABORATORY REPORT

Name : PARTH ASHWINKUMAR GAJJAR Sex/Age : Male / 37 Years Case ID : 40202200268  
 Ref.By : AASHKA HOSPITAL Dis. At : Pt. ID : 3340365  
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 10-Feb-2024 10:02 Sample Type : Serum Mobile No : 9016044004  
 Sample Date and Time : 10-Feb-2024 10:02 Sample Coll. By : Ref Id1 : OSP33245  
 Report Date and Time : 10-Feb-2024 14:52 Acc. Remarks : Normal Ref Id2 : O23249975

TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

### BIOCHEMICAL INVESTIGATIONS

#### Liver Function Test

S.G.P.T. UV with P5P	43.75	U/L	16 - 63
S.G.O.T. UV with P5P	30.21	U/L	15 - 37
Alkaline Phosphatase Enzymatic, PNPP-AMP	92.06	U/L	46 - 116
Gamma Glutamyl Transferase L-Gamma-glutamyl-3-carboxy-4-nitrobenzylidene Substrate	37.33	U/L	0 - 55
Proteins (Total) Colorimetric, Biuret	8.14	gm/dL	6.40 - 8.30
Albumin Bromocresol purple	4.77	gm/dL	3.4 - 5
Globulin Calculated	3.37	gm/dL	2 - 4.1
A/G Ratio Calculated	1.4		1.0 - 2.1
Bilirubin Total Photometry	0.68	mg/dL	0.3 - 1.2
Bilirubin Conjugated Diazotization reaction	0.30	mg/dL	0 - 0.50
Bilirubin Unconjugated Calculated	0.38	mg/dL	0 - 0.8

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



Dr. Shreya Shah  
M.D. (Pathologist)







## LABORATORY REPORT



**Name :** PARTH ASHWINKUMAR GAJJAR      **Sex/Age :** Male / 37 Years      **Case ID :** 40202200268  
**Ref.By :** AASHKA HOSPITAL      **Dis. At :**      **Pt. ID :** 3340365  
**Bill. Loc. :** Aashka hospital      **Pt. Loc. :**      **Mobile No :** 9016044004  
**Reg Date and Time :** 10-Feb-2024 10:02      **Sample Type :** Whole Blood EDTA      **Ref Id1 :** OSP33245  
**Sample Date and Time :** 10-Feb-2024 10:02      **Sample Coll. By :**      **Ref Id2 :** O23249975  
**Report Date and Time :** 10-Feb-2024 10:48      **Acc. Remarks :** Normal

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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**Glycated Haemoglobin Estimation**

HbA1C	5.05	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	98.23	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)

*Shrey Shah*

**Dr. Shreya Shah**  
M.D. (Pathologist)

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## LABORATORY REPORT

Name : PARTH ASHWINKUMAR GAJJAR      Sex/Age : Male / 37 Years      Case ID : 40202200268  
 Ref.By : AASHKA HOSPITAL      Dis. At :      Pt. ID : 3340365  
 Bill. Loc. : Aashka hospital      Pt. Loc :

Reg Date and Time : 10-Feb-2024 10:02      Sample Type : Serum      Mobile No : 9016044004  
 Sample Date and Time : 10-Feb-2024 10:02      Sample Coll. By :      Ref Id1 : OSP33245  
 Report Date and Time : 10-Feb-2024 14:33      Acc. Remarks : Normal      Ref Id2 : O23249975

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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### BIOCHEMICAL INVESTIGATIONS

<b>Proteins (Total)</b> <i>Colorimetric, Biuret</i>	H 9.14	gm/dL	6.40 - 8.30	
<b>Albumin</b> <i>Bromocresol purple</i>	4.77	gm/dL	3.4 - 5	
<b>Globulin</b> <i>Calculated</i>	H 4.37	gm/dL	2 - 4.1	
<b>A/G Ratio</b> <i>Calculated</i>	1.1		1.0 - 2.1	

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



**Dr. Shreya Shah**  
M.D. (Pathologist)

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## LABORATORY REPORT



Name : PARTH ASHWINKUMAR GAJJAR Sex/Age : Male / 37 Years Case ID : 40202200268  
 Ref.By : AASHKA HOSPITAL Dis. At : Pt. ID : 3340365  
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 10-Feb-2024 10:02 Sample Type : Serum Mobile No : 9016044004  
 Sample Date and Time : 10-Feb-2024 10:02 Sample Coll. By : Ref Id1 : OSP33245  
 Report Date and Time : 10-Feb-2024 11:18 Acc. Remarks : Normal Ref Id2 : O23249975

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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Thyroid Function Test				
Triiodothyronine (T3)	131.43	ng/dL	70 - 204	
Thyroxine (T4) C/M/A	7.63	ng/dL	4.87 - 11.72	
TSH C/M/A	2.02	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 concentrations (>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)







## LABORATORY REPORT



**Name :** PARTH ASHWINKUMAR GAJJAR      **Sex/Age :** Male / 37 Years      **Case ID :** 40202200268  
**Ref.By :** AASHKA HOSPITAL      **Dis. At :**      **Pt. ID :** 3340365  
**Bill. Loc. :** Aashka hospital      **Pt. Loc. :**      **Mobile No. :** 9016044004  
**Reg Date and Time :** 10-Feb-2024 10:02      **Sample Type :** Serum      **Ref Id1 :** OSP33245  
**Sample Date and Time :** 10-Feb-2024 10:02      **Sample Coll. By :**      **Ref Id2 :** O23249975  
**Report Date and Time :** 10-Feb-2024 11:18      **Acc. Remarks :** Normal

**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 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 hypothyroid 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 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 Hypothyroidism	↑	↑	↓
Secondary Hypothyroidism	↑	↑	↑
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. Shreya Shah**  
M.D. (Pathologist)





