



Mediwheel
...Your wellness partner



011-41195959

Email:welness@mediwheel.in

Dear **SEEMA MEENA**,

Please find the confirmation for following request.

Booking Date : 02-06-2023

Package Name : Medi-Wheel Metro Full Body Health Checkup Female Below 40

Name of Diagnostic/Hospital : Aashka Multispeciality Hospital

Address of Diagnostic/Hospital : Between Sargasan & Reliance Cross Road

Contact Details : 9879752777/7577500900

City : Gandhi Nagar

State : Gujarat

Pincode : 382315

Appointment Date : 08-07-2023

Confirmation Status : Confirmed

Preferred Time : 8:00am-12:00pm

Comment : APPOINTMENT TIME 8:30AM

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.

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

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

ISSUING AUTHORITY

पंजाब बँक

Meena

Employee Code No.

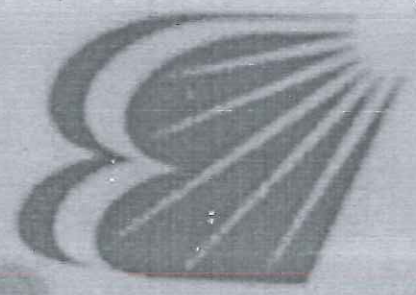
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पंजाबी क्र. १६४४९५

Name

Bhanwar Singh Meena

पंजा



पंजाब बँक
Bank of Baroda

Signature of Holder

पंजाबी क्र. १६४४९५

Meena





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


UHID: 00729060	Date: 8/2/23	Time: 6:05 PM
Patient Name: Sneha Khemraj	Height: 148 cm	
Age / Sex: 34y / F LMP:	Weight: 65.5 kg	
History:		
C/C/O:	<p>Worsening cough Melo Blood cancer - 2009 Rx cont. since from Mumbai Documents not Available</p>	
Allergy History: NAD	Addiction: NAD	
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Vitals & Examination:		
Temperature: Normal	Lab. Report Nstrol	
Pulse: 72/min	20 Feb	
BP: 130/82 mmHg	ECG NAD	
SPO2: 98% on RA	SpO2 at rest	
Provisional Diagnosis: —		

Advice:

cont. course Ep As Advised

Rx

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

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

DR. HEETA MEHTA
M.S, OBST- GYNEC
CONSULTANT OBSTETRICIAN
AND GYNECOLOGIST
Regi. No G-29736

UHID:	00723060	Date:	8/7/23	Time:	
Patient Name:	Seema Meena	Age:	37yrs.	Mobile No:	
Complaint and duration:	old Nil. , PT came for routine checkup. old Backache.				
History:	Menstrual history: moderate Cycles 28-30d Flow adeq. Duration of Bleeding 3-days Presence of pain				
LMP:	day 2 today.				
H/O Associated illnesses:	PT is on some anticancer medicines for Blood cancer.				
HTN:					
Thyroid disorder:	NMS				
Family History:					
Medication history:					
Obstetric History:	2 FTND → 2 (10) 15yrs				
No of deliveries:	→ 1 (10) 15yrs . Last child:				
Allergy History:					
Nutritional Screening:	Well-Nourished / Malnourished / Obese				
General Examination:	clear.				
CVS	BP:		130/80		Oedema of ft
RS	Wt:		65kg 64.7kg		Tongue
Breast examination:					

P/

soft

A

L/E

pt in menses.

P/S- cervix

P/V

Provisional Diagnosis:

Investigation:

(1) pap smear after menses stop.

Plan of care:

Routine hygiene explained.

Rx

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

Follow-up:

after menses

Consultant's Sign:

[Signature]

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:	00723060	Date:	8/7/23	Time:	
Patient Name:	Seemu meema	Age /Sex:	37/F	Height:	148 cm
		Weight:	64.5 kg		
History:	C/O Ruffe chun Pain Intermittent				
Allergy History:					
Nutritional Screening:	Well-Nourished / Malnourished / Obese				
Examination:	D.v. 2616 N.v. 2616 Colem witem numb. <u>PRC</u> Rensh 1777 (cm) maxi 1777				
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						
N						

Other Advice:


Follow-up:

Consultant's Sign:

Handwritten signature/initials

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

UHID:	00723060	Date:	8 Feb	Time:	
Patient Name:	Seenu meene	Age / Sex:	37 year	Height:	148 cm
		Weight:	64.5129		
Chief Complain:	→ reactive dentures cheeks up				
History:					
Allergy History:					
Nutritional Screening:	Well-Nourished / Malnourished / Obese -				
Examination:					
Extra oral:					
Intra oral – Teeth Present:	- Carious restorations				
Teeth Absent:	→ - f e				
Diagnosis:					

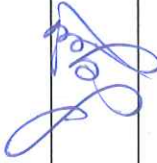
Rx						
No	Dosage Form	Name of drug (IN BLOCK LETTERS ONLY)	Dose	Route	Frequency	Duration

Other Advice:

Admin. ① *Levamisole*
 ② *ORAC* *1000* *mg* *qd*

Follow-up:

Consultant's Sign:





LABORATORY REPORT



Name : **SEEMA MEENA**
 Ref.By : HOSPITAL
 Bill. Loc. : Aashka hospital

Sex/Age : Female/ 37 Years Case ID : 30702200221
 Dis. At : Pt. ID : 2829734
 Pt. Loc :

Reg Date and Time : 08-Jul-2023 09:47 Sample Type :
 Sample Date and Time : 08-Jul-2023 09:48 Sample Coll. By :
 Report Date and Time : Acc. Remarks : Normal

Mobile No :
 Ref Id1 : O0723060
 Ref Id2 : O23242529

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Blood Glucose Fasting & Postprandial			
Plasma Glucose - F	107.71	mg/dL	70 - 100
Haemogram (CBC)			
Haemoglobin	11.5	G%	12.00 - 15.00
RBC (Electrical Impedance)	3.75	millions/cu mm	3.80 - 4.80
PCV(Calc)	32.36	%	36.00 - 46.00
MCHC (Calc)	35.5	gm/dL	31.50 - 34.50
Monocyte	138	/µL	200.00 - 1000.00
Lipid Profile			
LDL Cholesterol	63.79	mg/dL	65 - 100
Liver Function Test			
Proteins (Total)	8.32	gm/dL	6.40 - 8.30

Abnormal Result(s) Summary End

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



LABORATORY REPORT

Name : **SEEMA MEENA**
 Ref.By : HOSPITAL
 Bill. Loc. : Aashka hospital

Sex/Age : Female/ 37 Years Case ID : **30702200221**
 Dis. At : Pt. ID : 2829734
 Pt. Loc :

Reg Date and Time : 08-Jul-2023 09:47 Sample Type : Whole Blood EDTA Mobile No :
 Sample Date and Time : 08-Jul-2023 09:48 Sample Coll. By : Ref Id1 : O0723060
 Report Date and Time : 08-Jul-2023 10:13 Acc. Remarks : Normal Ref Id2 : O23242529

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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HAEMOGRAM REPORT

HB AND INDICES				
Haemoglobin	L	11.5	G%	12.00 - 15.00
RBC (Electrical Impedance)	L	3.75	millions/cumm	3.80 - 4.80
PCV(Calc)	L	32.36	%	36.00 - 46.00
MCV (RBC histogram)		86.3	fL	83.00 - 101.00
MCH (Calc)		30.7	pg	27.00 - 32.00
MCHC (Calc)	H	35.5	gm/dL	31.50 - 34.50
RDW (RBC histogram)		15.10	%	11.00 - 16.00

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

	Total WBC Count	4590	/µL	4000.00 - 10000.00
Neutrophil	L% 54.6		%	40.00 - 70.00
Lymphocyte	40.0		%	20.00 - 40.00
Eosinophil	3.0		%	1.00 - 6.00
Monocytes	3.0		%	2.00 - 10.00
Basophil	0.0		%	0.00 - 2.00

PLATELET COUNT (Optical)

Platelet Count	283000	/µL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	1.35		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. Amit Prajapati

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Dr. Shreya Shah
 M.D. (Pathologist)

Dr. Manoj Shah
 M.D. (Path. & Bact.)

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LABORATORY REPORT



Name : **SEEMA MEENA**
Ref.By : HOSPITAL
Bill. Loc. : Aashka hospital

Sex/Age : Female/ 37 Years Case ID : 30702200221
Dis. At : Pt. ID : 2829734
Pt. Loc :

Reg Date and Time : 08-Jul-2023 09:47 Sample Type : Whole Blood EDTA Mobile No :
Sample Date and Time : 08-Jul-2023 09:48 Sample Coll. By : Ref Id1 : O0723060
Report Date and Time : 08-Jul-2023 11:17 Acc. Remarks : Normal Ref Id2 : O23242529

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

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



Dr. Amit Prajapati
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Dr. Shreya Shah
M.D. (Pathologist)

Dr. Manoj Shah
M.D. (Path. & Bact.)

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ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS



LABORATORY REPORT



Name : **SEEMA MEENA**
Ref.By : **HOSPITAL**
Bill. Loc. : **Aashka hospital**

Sex/Age : **Female/ 37 Years** Case ID : **30702200221**
Dis. At : Pt. ID : **2829734**
Pt. Loc :

Reg Date and Time : **08-Jul-2023 09:47** Sample Type : **Whole Blood EDTA** Mobile No :
Sample Date and Time : **08-Jul-2023 09:48** Sample Coll. By : Ref Id1 : **O0723060**
Report Date and Time : **08-Jul-2023 10:27** Acc. Remarks : **Normal** Ref Id2 : **O23242529**

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)



Dr. Amit Prajapati

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Dr. Shreya Shah
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LABORATORY REPORT



Name : **SEEMA MEENA**
 Ref.By : HOSPITAL
 Bill. Loc. : Aashka hospital

Sex/Age : Female/ 37 Years Case ID : 30702200221
 Dis. At : Pt. ID : 2829734
 Pt. Loc :

Reg Date and Time : 08-Jul-2023 09:47 Sample Type : Spot Urine Mobile No :
 Sample Date and Time : 08-Jul-2023 09:48 Sample Coll. By : Ref Id1 : O0723060
 Report Date and Time : 08-Jul-2023 10:27 Acc. Remarks : Normal Ref Id2 : O23242529

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 : 1.020
 pH : 5.5
 Leucocytes (ESTERASE) : Negative
 Protein : Negative
 Glucose : Negative
 Ketone Bodies Urine : Negative
 Urobilinogen : Negative
 Bilirubin : Negative
 Blood : Negative
 Nitrite : 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)



Dr. Amit Prajapati

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LABORATORY REPORT



Name : **SEEMA MEENA**
 Ref.By : HOSPITAL
 Bill. Loc. : Aashka hospital

Sex/Age : **Female/ 37 Years** Case ID : **30702200221**
 Dis. At : Pt. ID : **2829734**
 Pt. Loc. :

Reg Date and Time : **08-Jul-2023 09:47** Sample Type : **Spot Urine** Mobile No :
 Sample Date and Time : **08-Jul-2023 09:48** Sample Coll. By : Ref Id1 : **O0723060**
 Report Date and Time : **08-Jul-2023 10:27** Acc. Remarks : **Normal** Ref Id2 : **O23242529**

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/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
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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Dr. Amit Prajapati

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LABORATORY REPORT



Name : **SEEMA MEENA**
Ref.By : HOSPITAL
Bill. Loc. : Aashka hospital

Sex/Age : Female/ 37 Years Case ID : 30702200221
Dis. At : Pt. ID : 2829734
Pt. Loc :

Reg Date and Time : 08-Jul-2023 09:47 Sample Type : Plasma Fluoride F, Plasma Fluoride PP Mobile No :

Sample Date and Time : 08-Jul-2023 09:48 Sample Coll. By :

Report Date and Time : 08-Jul-2023 15:25 Acc. Remarks : Normal Ref Id1 : O0723060
TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

BIOCHEMICAL INVESTIGATIONS

Blood Glucose Level (Fasting & Post Prandial)

Plasma Glucose - F <i>Photometric, Hexokinase</i>	H	107.71	mg/dL	70 - 100
Plasma Glucose - PP <i>Photometric, Hexokinase</i>		95.26	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)



Dr. Amit Prajapati
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Dr. Shreya Shah
M.D. (Pathologist)

Dr. Manoj Shah
M.D. (Path. & Bact.)

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LABORATORY REPORT



Name : **SEEMA MEENA**
 Ref.By : HOSPITAL
 Bill. Loc. : Aashka hospital

Sex/Age : Female/ 37 Years Case ID : 30702200221
 Dis. At : Pt. ID : 2829734
 Pt. Loc :

Reg Date and Time : 08-Jul-2023 09:47 Sample Type : Serum
 Sample Date and Time : 08-Jul-2023 09:48 Sample Coll. By :
 Report Date and Time : 08-Jul-2023 11:55 Acc. Remarks : Normal

Mobile No :
 Ref Id1 : O0723060
 Ref Id2 : O23242529

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol <i>Colorimetric, CHOD-POD</i>	139.93	mg/dL	110 - 200	
HDL Cholesterol	48.4	mg/dL	48 - 77	
Triglyceride <i>Glycerol Phosphate Oxidase</i>	138.71	mg/dL	<150	
VLDL <i>Calculated</i>	27.74	mg/dL	10 - 40	
Cho/HDL <i>Calculated</i>	2.89		0 - 4.1	
LDL Cholesterol <i>Calculated</i>	L 63.79	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 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)



Dr. Amit Prajapati
 M.D. (Pathologist)

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LABORATORY REPORT



Name : **SEEMA MEENA**

Ref.By : **HOSPITAL**

Bill. Loc. : **Aashka hospital**

Sex/Age : **Female/ 37 Years** Case ID : **30702200221**

Dis. At :

Pt. ID : **2829734**

Pt. Loc :

Reg Date and Time : **08-Jul-2023 09:47**

Sample Type : **Serum**

Mobile No :

Sample Date and Time : **08-Jul-2023 09:48**

Sample Coll. By :

Ref Id1 : **O0723060**

Report Date and Time : **08-Jul-2023 11:44**

Acc. Remarks : **Normal**

Ref Id2 : **O23242529**

TEST

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>	19.57	U/L	14 - 59	
S.G.O.T. <i>UV with P5P</i>	26.26	U/L	15 - 37	
Alkaline Phosphatase <i>Enzymatic, PNPP-AMP</i>	114.73	U/L	46 - 116	
Gamma Glutamyl Transferase <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate</i>	16.68	U/L	0 - 38	
Proteins (Total) <i>Colorimetric, Buret</i>	H 8.32	gm/dL	6.40 - 8.30	
Albumin <i>Bromocresol purple</i>	4.55	gm/dL	3.4 - 5	
Globulin <i>Calculated</i>	3.77	gm/dL	2 - 4.1	
A/G Ratio <i>Calculated</i>	1.2		1.0 - 2.1	
Bilirubin Total <i>Photometry</i>	0.49	mg/dL	0.3 - 1.2	
Bilirubin Conjugated <i>Diazotization reaction</i>	0.17	mg/dL	0 - 0.50	
Bilirubin Unconjugated <i>Calculated</i>	0.32	mg/dL	0 - 0.8	

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



Dr. Amit Prajapati

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Dr. Shreya Shah

M.D. (Pathologist)

Dr. Manoj Shah

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LABORATORY REPORT



Name : **SEEMA MEENA**

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 37 Years Case ID : 30702200221

Dis. At :

Pt. ID : 2829734

Pt. Loc :

Reg Date and Time : 08-Jul-2023 09:47

Sample Type : Serum

Mobile No :

Sample Date and Time : 08-Jul-2023 09:48

Sample Coll. By :

Ref Id1 : 00723060

Report Date and Time : 08-Jul-2023 11:44

Acc. Remarks : Normal

Ref Id2 : 023242529

TEST

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BUN (Blood Urea Nitrogen) <i>GLDH</i>	14.0	mg/dL	7.00 - 18.70	
Creatinine	0.61	mg/dL	0.50 - 1.50	
Uric Acid <i>Uricase</i>	4.42	mg/dL	2.6 - 6.2	

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



Dr. Amit Prajapati

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Dr. Shreya Shah

M.D. (Pathologist)

Dr. Manoj Shah

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LABORATORY REPORT

Name : **SEEMA MEENA**

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 37 Years Case ID : 30702200221

Dis. At :

Pt. ID : 2829734

Pt. Loc :

Reg Date and Time : 08-Jul-2023 09:47

Sample Type : Whole Blood EDTA

Mobile No :

Sample Date and Time : 08-Jul-2023 09:48

Sample Coll. By :

Ref Id1 : 00723060

Report Date and Time : 08-Jul-2023 10:13

Acc. Remarks : Normal

Ref Id2 : 023242529

TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

Glycated Haemoglobin Estimation

HbA1C	5.51	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	111.44	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:(L-Low,L-Low,H-High,HH-VeryHigh ,A-Abnormal)



Dr. Amit Prajapati

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Dr. Shreya Shah

M.D. (Pathologist)

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LABORATORY REPORT

Name : **SEEMA MEENA**

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 37 Years

Case ID : 30702200221

Dis. At :

Pt. ID : 2829734

Pt. Loc :

Reg Date and Time : 08-Jul-2023 09:47

Sample Type : Serum

Sample Date and Time : 08-Jul-2023 09:48

Sample Coll. By :

Mobile No :

Report Date and Time : 08-Jul-2023 10:52

Acc. Remarks : Normal

Ref Id1 : 00723060

Ref Id2 : 023242529

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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Thyroid Function Test

Triiodothyronine (T3)	95.17	ng/dL	70 - 204	
Thyroxine (T4) C/M/A	8.4	ng/dL	4.87 - 11.72	
TSH C/M/A	2.867	µIU/mL	0.4 - 4.2	

INTERPRETATIONS

- Circulating TSH measurement has been used for screening for euthyroidism, screening and diagnosis for hyperthyroidism and 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 anti-animal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

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

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



Dr. Amit Prajapati

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Dr. Shreya Shah

M.D. (Pathologist)

Dr. Manoj Shah

M.D. (Path. & Bact.)

Printed On : 08-Jul-2023 15:35





LABORATORY REPORT



Name : **SEEMA MEENA**

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 37 Years

Case ID : 30702200221

Dis. At :

Pt. ID : 2829734

Pt. Loc :

Reg Date and Time : 08-Jul-2023 09:47

Sample Type : Serum

Mobile No :

Sample Date and Time : 08-Jul-2023 09:48

Sample Coll. By :

Ref Id1 : O0723060

Report Date and Time : 08-Jul-2023 10:52

Acc. Remarks : Normal

Ref Id2 : O23242529

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 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 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

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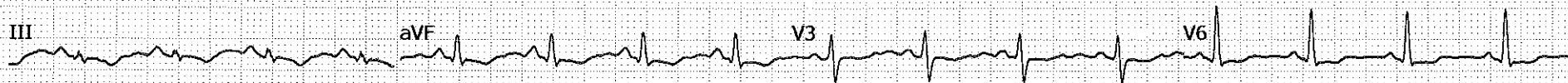
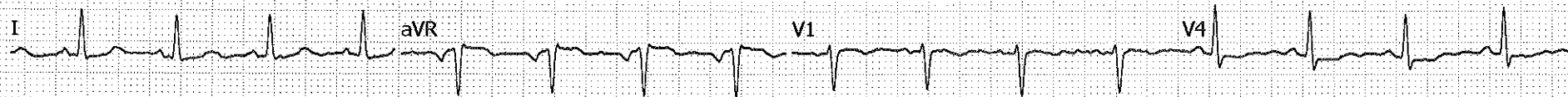
Printed On : 08-Jul-2023 15:35



Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 78 ms
QT / QTcBaz : 332 / 426 ms
PR : 126 ms
P : 92 ms
RR / PP : 606 / 606 ms
P / QRS / T : 65 / 36 / -18 degrees

Normal sinus rhythm
T wave abnormality, consider inferior ischemia
Abnormal ECG



Aashka Hospitals Ltd.

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www.aashkahospitals.in
CIN: L85110GJ2012PLC072647



aashka
H O S P I T A L

PATIENT NAME: SEEMA MEENA

GENDER/AGE: Female / 37 Years

DOCTOR:

OPDNO: 00723060

DATE: 08/07/23

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

Aashka Hospitals Ltd.

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CIN: L85110GJ2012PLC072647

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



PATIENT NAME: SEEMA MEENA

GENDER/AGE: Female / 37 Years

DOCTOR:

OPDNO: 00723060

DATE: 08/07/23

SONOGRAPHY OF ABDOMEN AND PELVIS

LIVER: Liver appears normal in size and shows increased parenchymal echoes suggest fatty changes. 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 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 10.4 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 140 cc.

UTERUS: Uterus is anteverted and appears normal in size, shape and position. Endometrial and myometrial echoes appear normal. Endometrial thickness measures about 4.3 mm. No evidence of uterine mass lesion is seen.

Bilateral adnexa appears normal.

COMMENT: Grade I fatty changes in liver.

Fecal loaded large bowel loops seen.

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


DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST

PATIENT NAME: SEEMA MEENA

GENDER/AGE: Female / 37 Years

DOCTOR: DR. HASIT JOSHI

OPDNO: 00723060

DATE: 08/07/23

2D-ECHO

MITRAL VALVE	: NORMAL	
AORTIC VALVE	: NORMAL	
TRICUSPID VALVE	: NORMAL	
PULMONARY VALVE	: NORMAL	
AORTA	: 29mm	
LEFT ATRIUM	: 35mm	
LV Dd / Ds	: 38/27mm	EF 55%
IVS / LVPW / D	: 10/9mm	
IVS	: INTACT	
IAS	: INTACT	
RA	: NORMAL	
RV	: NORMAL	
PA	: NORMAL	
PERICARDIUM	: NORMAL	
VEL	: PEAK	MEAN
M/S	: Gradient mm Hg	Gradient mm Hg
MITRAL	: 0.8/0.8m/s	
AORTIC	: 1.2m/s	
PULMONARY	: 1.0m/s	
COLOUR DOPPLER	: NO MR/AR/TR	
RVSP	:	

CONCLUSION
: NORMAL LV SIZE / SYSTOLIC FUNCTION;
REDUCED LV COMPLIANCE;
TACHYCARDIA +.



CARDIOLOGIST

DR. HASIT JOSHI (9825012235)