

Health checkup at tie-up Ctr

HealthChkup Authorisatn letter



Union Bank of India

RO - AHMEDABAD  
172/1, Premchand House, High Court  
Way, Ashram Road, Ahmedabad - 380  
009, Gujarat, Ahmedabad- 79

To,

The Chief Medical Officer

M/S Mediwheel  
<https://mediwheel.in/signup011-41195959>(A brand name of  
Arcofemi Healthcare Ltd),  
Mumbai400021

Dear Sir,

**Tie-up arrangement for Health Checkup under Health Checkup 40-50 Male**

Shri/Smt./Kum. VERMA,JITENDRA SINGH

P.F. No. 763485

Designation : Manager (IT)

Checkup for Financial Year	2024-2025	<b>Approved Charges Rs.</b>	3500.00
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The above mentioned staff member of our Branch/Office desires to undergo Health Checkup at your Hospital/Centre/Clinic, under the tie-up arrangement entered into with you, by our bank.

Please send the receipt of the above payment and the relevant reports to our above address.

Thanking you,

Yours Faithfully,

*Jitendra Verma*  
(Signature of the Employee)

BRANCH MANAGER/SENIOR MANAGER

PS. : Status of the application- Sanctioned

Health checkup at tie-up Ctr | HealthChkup Authorisatn letter

Doctor Name:-

UHID:	Date: 13/8/24	Time:
Patient Name: Jitendraasmh Veoma	Age/Sex:	Height:
	Weight:	
Chief Complain: c/o = hair loss CVS f NAD. BP = 120/80 RS f NAD. P = 68/min		
History: Routine Blood Ix = (N) PP2BS = 177. HBA1c = 5.9		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination: . ? Pre-diabetic Rx life style Modification for Pre-diabetic. Pt is fit from Physician side		
Diagnosis:		

Rx  
 (1) Tab. kexaglow eva - OD 1-0-0  
 for Men x (30) days



## LABORATORY REPORT



Name : <b>JITENDRASINH VERMA</b>	Sex/Age : <b>Male / 40 Years</b>	Case ID : <b>40802200482</b>
Ref.By :	Dis. At :	Pt. ID : <b>4282848</b>
Bill. Loc. : <b>Aashka hospital</b>		Pt. Loc. :
Reg Date and Time : <b>13-Aug-2024 09:24</b>	Sample Type :	Mobile No :
Sample Date and Time : <b>13-Aug-2024 09:24</b>	Sample Coll. By : <b>non</b>	Ref Id1 : <b>O824118</b>
Report Date and Time :	Acc. Remarks : <b>Normal</b>	Ref Id2 :

### Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
<b>Haemogram (CBC)</b>			
Monocyte	<b>158</b>	/ $\mu$ L	200.00 - 1000.00
<b>Lipid Profile</b>			
Cholesterol	<b>237.98</b>	mg/dL	110 - 200
HDL Cholesterol	<b>31.4</b>	mg/dL	48 - 77
Triglyceride	<b>150.23</b>	mg/dL	<150
Chol/HDL	<b>7.58</b>		0 - 4.1
LDL Cholesterol	<b>176.53</b>	mg/dL	0.00 - 100.00
Plasma Glucose - PP	<b>177.77</b>	mg/dL	70.0 - 140.0

Abnormal Result(s) Summary End

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

Printed On : 13-Aug-2024 12:23



## LABORATORY REPORT



Name : **JITENDRASINH VERMA** Sex/Age : **Male / 40 Years** Case ID : **40802200482**  
 Ref.By : Dis. At : Pt. ID : **4282848**  
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : **13-Aug-2024 09:24** Sample Type : **Whole Blood EDTA** Mobile No :  
 Sample Date and Time : **13-Aug-2024 09:24** Sample Coll. By : **non** Ref Id1 : **0824118**  
 Report Date and Time : **13-Aug-2024 09:54** Acc. Remarks : **Normal** Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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### HAEMOGRAM REPORT

#### HB AND INDICES

Haemoglobin	14.3	G%	13.00 - 17.00
RBC (Electrical Impedance)	4.72	millions/cumm	4.50 - 5.50
PCV(Calc)	43.09	%	40.00 - 50.00
MCV (RBC histogram)	91.3	fL	83.00 - 101.00
MCH (Calc)	30.4	pg	27.00 - 32.00
MCHC (Calc)	33.3	gm/dL	31.50 - 34.50
RDW (RBC histogram)	15.70	%	11.00 - 16.00

#### TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

		UNIT	EXPECTED VALUES	[Abs]	EXPECTED VALUES
Total WBC Count	5250	/μL	4000.00 - 10000.00		
Neutrophil	[%] 59.0	%	40.00 - 70.00	3098	/μL 2000.00 - 7000.00
Lymphocyte	37.0	%	20.00 - 40.00	1943	/μL 1000.00 - 3000.00
Eosinophil	1.0	%	1.00 - 6.00	53	/μL 20.00 - 500.00
Monocytes	3.0	%	2.00 - 10.00	L 158	/μL 200.00 - 1000.00
Basophil	0.0	%	0.00 - 2.00	0	/μL 0.00 - 100.00

#### PLATELET COUNT (Optical)

Platelet Count	280000	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	1.59		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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### Neuberg Diagnostics Private Limited

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✉ contact@neubergsupratech.com

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



## LABORATORY REPORT



Name : <b>JITENDRASINH VERMA</b>	Sex/Age : <b>Male / 40 Years</b>	Case ID : <b>40802200482</b>
Ref.By :	Dis. At :	Pt. ID : <b>4282848</b>
Bill. Loc. : <b>Aashka hospital</b>		Pt. Loc. :
Reg Date and Time : <b>13-Aug-2024 09:24</b>	Sample Type : <b>Whole Blood EDTA</b>	Mobile No. :
Sample Date and Time : <b>13-Aug-2024 09:24</b>	Sample Coll. By : <b>non</b>	Ref Id1 : <b>0824118</b>
Report Date and Time : <b>13-Aug-2024 10:25</b>	Acc. Remarks : <b>Normal</b>	Ref Id2 : <b></b>

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR <i>Westergren Method</i>	12	mm after 1hr	3 - 15	

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

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## LABORATORY REPORT



Name : <b>JITENDRASINH VERMA</b>	Sex/Age : <b>Male / 40 Years</b>	Case ID : <b>40802200482</b>
Ref.By :	Dis. At :	Pt. ID : <b>4282848</b>
Bill. Loc. : <b>Aashka hospital</b>		Pt. Loc. :
Reg Date and Time : <b>13-Aug-2024 09:24</b>	Sample Type : <b>Whole Blood EDTA</b>	Mobile No. :
Sample Date and Time : <b>13-Aug-2024 09:24</b>	Sample Coll. By : <b>non</b>	Ref Id1 : <b>O824118</b>
Report Date and Time : <b>13-Aug-2024 10:06</b>	Acc. Remarks : <b>Normal</b>	Ref Id2 :

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

#### BLOOD GROUP AND RH TYPING (Erythrocyte Magnetized Technology) (Both Forward and Reverse Group )

ABO Type	B
Rh Type	POSITIVE

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

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## LABORATORY REPORT



Name : **JITENDRASINH VERMA** Sex/Age : **Male / 40 Years** Case ID : **40802200482**  
 Ref.By : Dis. At : Pt. ID : **4282848**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 13-Aug-2024 09:24	Sample Type : Plasma Fluoride F, Plasma Fluoride PP, Serum	Mobile No :
Sample Date and Time : 13-Aug-2024 09:24	Sample Coll. By : non	Ref Id1 : 0824118
Report Date and Time : 13-Aug-2024 12:04	Acc. Remarks : Normal	Ref Id2 :
<b>TEST</b>	<b>RESULTS</b>	<b>UNIT BIOLOGICAL REF RANGE</b>
		<b>REMARKS</b>

### BIOCHEMICAL INVESTIGATIONS

Plasma Glucose - F <i>Photometric, Hexokinase</i>	100.0	mg/dL	70 - 100
Plasma Glucose - PP <i>Photometric, Hexokinase</i>	H 177.77	mg/dL	70.0 - 140.0
BUN (Blood Urea Nitrogen) <i>GLDH</i>	10.6	mg/dL	8.90 - 20.60

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

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## LABORATORY REPORT



Name : <b>JITENDRASINH VERMA</b>	Sex/Age : <b>Male / 40 Years</b>	Case ID : <b>40802200482</b>
Ref. By :	Dis. At :	Pt. ID : <b>4282848</b>
Bill. Loc. : <b>Aashka hospital</b>		Pt. Loc. :
Reg Date and Time : <b>13-Aug-2024 09:24</b>	Sample Type : <b>Whole Blood EDTA</b>	Mobile No. :
Sample Date and Time : <b>13-Aug-2024 09:24</b>	Sample Coll. By : <b>non</b>	Ref Id1 : <b>O824118</b>
Report Date and Time : <b>13-Aug-2024 09:54</b>	Acc. Remarks : <b>Normal</b>	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>Glycated Haemoglobin Estimation</b>				
HbA1C	5.59	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	113.73	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-Very High, A-Abnormal)

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M.D. (Pathologist)

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REFERENCE LABORATORIES

( A unit of Neuberg Diagnostics Private Limited )



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## LABORATORY REPORT



Name : <b>JITENDRASINH VERMA</b>	Sex/Age : <b>Male / 40 Years</b>	Case ID : <b>40802200482</b>
Ref.By :	Dis. At :	Pt. ID : <b>4282848</b>
Bill. Loc. : <b>Aashka hospital</b>		Pt. Loc :
Reg Date and Time : <b>13-Aug-2024 09:24</b>	Sample Type : <b>Serum</b>	Mobile No :
Sample Date and Time : <b>13-Aug-2024 09:24</b>	Sample Coll. By : <b>non</b>	Ref Id1 : <b>O824118</b>
Report Date and Time : <b>13-Aug-2024 12:11</b>	Acc. Remarks : <b>Normal</b>	Ref Id2 :

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

#### Lipid Profile

Cholesterol <i>Colorimetric, CHOD-POD</i>	H	<b>237.98</b>	mg/dL	110 - 200
HDL Cholesterol	L	<b>31.4</b>	mg/dL	48 - 77
Triglyceride <i>Glycerol Phosphate Oxidase</i>	H	<b>150.23</b>	mg/dL	<150
VLDL <i>Calculated</i>		<b>30.05</b>	mg/dL	10 - 40
Chol/HDL <i>Calculated</i>	H	<b>7.58</b>		0 - 4.1
LDL Cholesterol <i>Calculated</i>	H	<b>176.53</b>	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)

**Dr. Shreya Shah**

M.D. (Pathologist)

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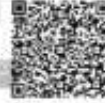
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## LABORATORY REPORT



Name : <b>JITENDRASINH VERMA</b>	Sex/Age : <b>Male / 40 Years</b>	Case ID : <b>40802200482</b>
Ref.By :	Dis. At :	Pt. ID : <b>4282848</b>
Bill. Loc. : <b>Aashka hospital</b>		Pt. Loc. :
Reg Date and Time : <b>13-Aug-2024 09:24</b>	Sample Type : <b>Serum</b>	Mobile No. :
Sample Date and Time : <b>13-Aug-2024 09:24</b>	Sample Coll. By : <b>non</b>	Ref Id1 : <b>0824118</b>
Report Date and Time : <b>13-Aug-2024 12:07</b>	Acc. Remarks : <b>Normal</b>	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>	36.41	U/L	16 - 63	
S.G.O.T. <i>UV with P5P</i>	18.52	U/L	15 - 37	
Alkaline Phosphatase <i>Enzymatic, PNPP-AMP</i>	76.97	U/L	46 - 116	
Gamma Glutamyl Transferase <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate</i>	26.87	U/L	0 - 55	
Proteins (Total) <i>Colorimetric, Biuret</i>	8.01	gm/dL	6.40 - 8.30	
Albumin <i>Bromocresol purple</i>	4.41	gm/dL	3.4 - 5	
Globulin <i>Calculated</i>	3.60	gm/dL	2 - 4.1	
A/G Ratio <i>Calculated</i>	1.23		1.0 - 2.1	
Bilirubin Total <i>Photometry</i>	0.36	mg/dL	0.3 - 1.2	
Bilirubin Conjugated <i>Diazotization reaction</i>	0.16	mg/dL	0 - 0.50	
Bilirubin Unconjugated <i>Calculated</i>	0.20	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 : <b>JITENDRASINH VERMA</b>	Sex/Age : <b>Male / 40 Years</b>	Case ID : <b>40802200482</b>
Ref. By :	Dis. At :	Pt. ID : <b>4282848</b>
Bill. Loc. : <b>Aashka hospital</b>		Pt. Loc. :
Reg Date and Time : <b>13-Aug-2024 09:24</b>	Sample Type : <b>Serum</b>	Mobile No. :
Sample Date and Time : <b>13-Aug-2024 09:24</b>	Sample Coll. By : <b>non</b>	Ref Id1 : <b>0824118</b>
Report Date and Time : <b>13-Aug-2024 12:08</b>	Acc. Remarks : <b>Normal</b>	Ref Id2 :

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

#### Renal Function Test

Urea <i>Calculated</i>	22.66	mg/dL	19.04 - 44.08
Creatinine	1.43	mg/dL	0.50 - 1.50
Uric Acid <i>Uricase</i>	6.66	mg/dL	3.5 - 7.2
Sodium	142.80	mEq/L	136 - 145
Potassium	4.56	mEq/L	3.5 - 5.1
Chloride	99.25	mEq/L	98 - 107

x

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

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M.D. (Pathologist)

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Bill. Loc. : <b>Aashka hospital</b>		Pt. Loc. :
Reg Date and Time : <b>13-Aug-2024 09:24</b>	Sample Type : <b>Serum</b>	Mobile No :
Sample Date and Time : <b>13-Aug-2024 09:24</b>	Sample Coll. By : <b>non</b>	Ref Id1 : <b>0824118</b>
Report Date and Time : <b>13-Aug-2024 12:08</b>	Acc. Remarks : <b>Normal</b>	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, 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/↑	↓

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

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M.D. (Pathologist)

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Bill. Loc. : <b>Aashka hospital</b>		Pt. Loc :
Reg Date and Time : <b>13-Aug-2024 09:24</b>	Sample Type : <b>Spot Urine</b>	Mobile No :
Sample Date and Time : <b>13-Aug-2024 09:24</b>	Sample Coll. By : <b>non</b>	Ref Id1 : <b>0824118</b>
Report Date and Time : <b>13-Aug-2024 09:54</b>	Acc. Remarks : <b>Normal</b>	Ref Id2 :

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		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	/HPF	Nil
Crystals	Nil	/HPF	Nil

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 Salai, Perungudi, Chennai - 600096, Tamil Nadu, India. | CIN - U85300TN2017PTC114099

www.neubergsupratech.com



## LABORATORY REPORT



Name : **JITENDRASINH VERMA** Sex/Age : **Male / 40 Years** Case ID : **40802200482**  
 Ref. By : Dis. At : Pt. ID : **4282848**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 13-Aug-2024 09:24 Sample Type : **Spot Urine** Mobile No :  
 Sample Date and Time : 13-Aug-2024 09:24 Sample Coll. By : **non** Ref Id1 : **0824118**  
 Report Date and Time : 13-Aug-2024 09:54 Acc. Remarks : **Normal** Ref Id2 :

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	-
Urbilinogen	mg/dL	Negative (<1)	1	4	8	12	-

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

----- 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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 www.neubergsupratech.com



PATIENT NAME:JITENDRASINGH VERMA

GENDER/AGE:Male / 40 Years

DATE:13/08/24

DOCTOR:DR.HASIT JOSHI

OPDNO:O824118

**2D-ECHO**

MITRAL VALVE	: NORMAL	
AORTIC VALVE	: NORMAL	
TRICUSPID VALVE	: NORMAL	
PULMONARY VALVE	: NORMAL	
AORTA	: 26mm	
LEFT ATRIUM	: 29mm	
LV Dd / Ds	: 38/23mm	EF 60%
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	: 1/0.7m/s	
AORTIC	: 1.2m/s	
PULMONARY	: 0.9m/s	
COLOUR DOPPLER	: NO MR/ AR / TR	
RVSP	:	
CONCLUSION	: NORMAL LV SIZE / SYSTOLIC FUNCTION.	

CARDIOLOGIST  
DR. HASIT JOSHI (9825012235)



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



**PATIENT NAME: JITENDRASINGH VERMA**

**GENDER/AGE: Male / 40 Years**

**DATE: 13/08/24**

**DOCTOR:**

**OPDNO: O824118**

**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**

**PATIENT NAME:**JITENDRASINGH VERMA

**GENDER/AGE:**Male / 40 Years

**DATE:**13/08/24

**DOCTOR:**

**OPDNO:**0824118

## 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 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 4.1 cms in size.

Left kidney measures about 10.2 x 4.0 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 96 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 16 cc.

**COMMENT:** Grade I fatty changes in liver.

Small lipoma in right postero-lateral wall. (28 x 14 mm)

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

  
**DR. SNEHAL PRAJAPATI**  
CONSULTANT RADIOLOGIST

13.08.2024 11:07:10 AM  
ASHIKA HOSPITAL LTD.  
SARGASAN  
GANOHINAGAR

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

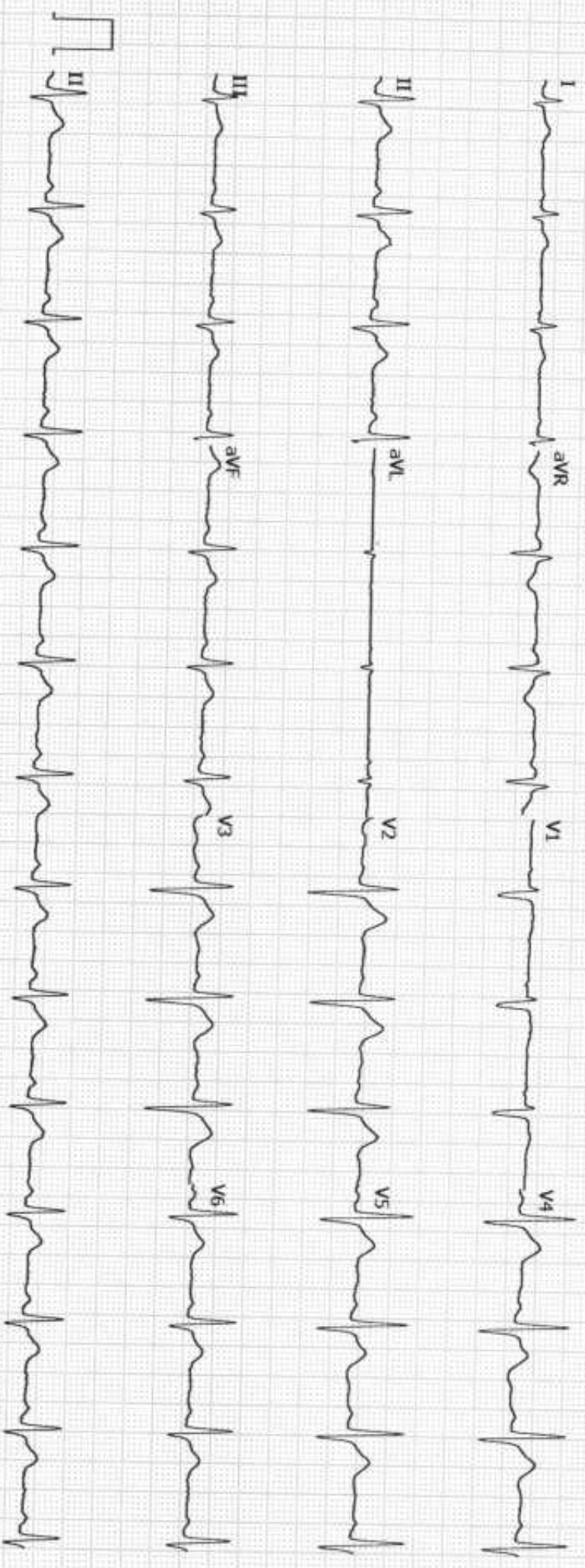
Room: 0459 LOT 0 942 #

80 bpm  
- / - mmHg

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 104 ms  
QT / QTcBaz : 354 / 408 ms  
PR : 134 ms  
P : 84 ms  
RR / PP : 752 / 750 ms  
P / QRS / T : 53 / 63 / 66 degrees

Normal sinus rhythm  
Normal ECG



GE MAC2000 1.1 12SL™ V241

25 mm/s 10 mm/mV

ADS 0.56-2 .1z 50 Hz

Unconfirmed  
4x2.5x3\_25\_R1 1/1

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

UHID:	Date: 13/8/24	Time:
Patient Name:	Age / Sex:	
1 Jitendra Singh Verma	Height: 171.0 cm	
	Weight: 75.3 kg	
History:		
Routine eye check-up		
Allergy History:	no	
Nutritional Screening:	Well-Nourished / Malnourished / Obese	
Examination:		
AC NPL		
Colour - CLR		
Pupil - RL		
	VOL = 6/6 6/6	After uss BES +2.00 D R/L
Diagnosis:	Using glasses for near only.	



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

UHID: 0824118	Date: 13/8/24	Time: 16:27
Patient Name: Jitendra Verma	Age / Sex: 40 / m	Height: 171 cm
	Weight: 75.3 kg	
Chief Complain: Regular checkup		
History:		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination: Deep C I rot		← / 6
Extra oral :		
Intra oral – Teeth Present :		
Teeth Absent :		
Diagnosis:		



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नाम : जितेन्द्र सिंह वर्मा  
Name : JITENDRA SINGH VERMA  
पदनाम : आईटी-अधिकारी  
Designation : IT-OFFICER  
कर्मचारी क्र. Employee No. :  
जन्म तिथि : Birth Date : 30.06.1984  
रक्त समूह : Blood Group : B +ve

Jitendra VERMA  
हस्ताक्षर / Signature

जारी करने का स्थान  
Place of Issue: R.O. Vadodara(Gujarat)  
जारी करने की तारीख  
Date of Issue : 01.07.2018

जारी करने की अधिकारी / Issuing Authority





## LABORATORY REPORT



Name : <b>JITENDRASINH VERMA</b>	Sex/Age : <b>Male / 40 Years</b>	Case ID : <b>40802200482</b>
Ref.By :	Dis. At :	Pt. ID : <b>4282848</b>
Bill. Loc. : <b>Aashka hospital</b>		Pt. Loc. :
Reg Date and Time : <b>13-Aug-2024 09:24</b>	Sample Type :	Mobile No :
Sample Date and Time : <b>13-Aug-2024 09:24</b>	Sample Coll. By : <b>non</b>	Ref Id1 : <b>O824118</b>
Report Date and Time :	Acc. Remarks : <b>Normal</b>	Ref Id2 :

### Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
<b>Haemogram (CBC)</b>			
Monocyte	<b>158</b>	/ $\mu$ L	200.00 - 1000.00
<b>Lipid Profile</b>			
Cholesterol	<b>237.98</b>	mg/dL	110 - 200
HDL Cholesterol	<b>31.4</b>	mg/dL	48 - 77
Triglyceride	<b>150.23</b>	mg/dL	<150
Chol/HDL	<b>7.58</b>		0 - 4.1
LDL Cholesterol	<b>176.53</b>	mg/dL	0.00 - 100.00
Plasma Glucose - PP	<b>177.77</b>	mg/dL	70.0 - 140.0

Abnormal Result(s) Summary End

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

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