

Subject Health Check up Booking Confirmed Request(bobS53091),Package Code-PKG10000241, Beneficiary Code-58787
To: [null <rakesh_be_it@yahoo.co.in>]
From: Mediwheel <wellness@mediwheel.in>
Cc: [null <customercare@mediwheel.in>]
Date: Sat, Dec 16, 2023 at 3:55 PM



011-41195959

Email:wellness@mediwheel.in

Dear Vanita prajapati,

Please find the confirmation for following request.

Booking Date : 14-12-2023
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 : 23-12-2023
Confirmation Status : Confirmed
Preferred Time : 8:00am-9:30am
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.

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

UHID:		Date: 28/12/25	Time: 4:20 PM
Patient Name: Namita Pragapat		Height:	
Age / Sex: 35y2/F LMP:		Weight:	
History:		History:	
C/C/O:			
Allergy History: —		Addiction: —	
Nutritional Screening: Well-Nourished / Malnourished / Obese			
Vitals & Examination:			
Temperature:			
Pulse: 72/w/m			
BP: 122/70 mmHg			
SPO2: 98% O2RA			
Provisional Diagnosis:			

Aashka Hospitals Ltd.
Between Sargasan and Reliance Cross Roads
Sargasan, Gandhinagar - 382421, Gujarat, India
Phone: 079-29750750, +91-7575006000 / 9000
Emergency No.: +91-7575007707 / 9879752777
www.aashkahospitals.in
CIN: L85110GJ2012PLC072647



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

UHID:	Date: 23/12/23	Time:
Patient Name: VANITA PRAJAPATI	Age / Sex: 35 / F	Height:
	Weight:	
History: e/o R/O - cataract		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination: D.V. / 619 619 N.V. + 0.00 color vision normal		
Diagnosis:		

PATIENT NAME: VANITA PRAJAPTI
GENDER/AGE: Female / 35 Years
DOCTOR: DR. SUBIR GHOSH
OPDNO: OSP32840

DATE: 23/12/23

2D-ECHO

MITRAL VALVE	> NORMAL	
AORTIC VALVE	: NORMAL	
TRICUSPID VALVE	: NORMAL	
PULMONARY VALVE	: NORMAL	
AORTA	: NORMAL	
LEFT ATRIUM	: NORMAL	
LV Dd / Ds	: 42/28mm	EF 60%
IVS / LVPW / D	: NORMAL	
IVS	: NORMAL	
IAS	: NORMAL	
RA	: NORMAL	
RV	: NORMAL	
PA	: NORMAL	
PERICARDIUM	: NORMAL	
VEL	: PEAK	MEAN
M/S	: Gradient mm Hg	Gradient mm Hg
MITRAL	: NORMAL	
AORTIC	: NORMAL	
PULMONARY	: NORMAL	
COLOUR DOPPLER	:	
RVSP	:	
CONCLUSION	: NORMAL STUDY.	

CARDIOLOGIST
DR. SUBIR GHOSH



REPORT REPORT REPORT

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aashka
HOSPITAL



PATIENT NAME: VANITA PRAJAPTI

GENDER/AGE: Female / 35 Years

DATE: 23/12/23

DOCTOR:

OPDNO: OSP32840

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

REPORT

PATIENT NAME: VANITA PRAJAPTI

GENDER/AGE: Female / 35 Years

DATE: 23/12/23

DOCTOR:

OPDNO: OSP32840

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 show multiple calculi, largest 16 mm. 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 9.9 x 4.2 cms in size.
Left kidney measures about 10.0 x 4.6 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 160 cc.

Uterus is not visualized. H/O hysterectomy. Vaginal vault appears normal. No evidence of any pelvic mass lesion is seen.

Bilateral adnexa appears normal.

COMMENT: Grade I fatty changes in liver.
GB calculi.

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


DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST



LABORATORY REPORT



Name : VANITA PRAJAPATI	Sex/Age : Female/ 35 Years	Case ID : 31202200515
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3217159
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 23-Dec-2023 09:06	Sample Type :	Mobile No :
Sample Date and Time : 23-Dec-2023 09:06	Sample Coll. By :	Ref Id1 : OSP30840
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 : O23248554

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Blood Glucose Fasting & Postprandial			
Plasma Glucose - F	102.14	mg/dL	70 - 100
Haemogram (CBC)			
RBC (Electrical Impedance)	4.97	millions/cu mm	3.80 - 4.80
MCV (RBC histogram)	78.5	fL	83.00 - 101.00
MCH (Calc)	25.4	pg	27.00 - 32.00
Lipid Profile			
HDL Cholesterol	41.3	mg/dL	48 - 77
Triglyceride	279.49	mg/dL	<150
VLDL	55.90	mg/dL	10 - 40
Chol/HDL	4.42		0 - 4.1

Abnormal Result(s) Summary End

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

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LABORATORY REPORT



Name : VANITA PRAJAPATI	Sex/Age : Female/ 35 Years	Case ID : 31202200515
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3217159
Bill. Loc. : Aashka hospital		PL. Loc :
Reg Date and Time : 23-Dec-2023 09:06	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 23-Dec-2023 09:06	Sample Coll. By :	Ref Id1 : OSP30840
Report Date and Time : 23-Dec-2023 09:24	Acc. Remarks : Normal	Ref Id2 : O23248554

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin	12.6	G%	12.0 - 15.0
RBC (Electrical Impedance)	H 4.97	millions/cumm	3.80 - 4.80
PCV(Calc)	39.01	%	36.00 - 46.00
MCV (RBC histogram)	L 78.5	fL	83.00 - 101.00
MCH (Calc)	L 25.4	pg	27.00 - 32.00
MCHC (Calc)	32.4	gm/dL	31.50 - 34.50
RDW (RBC histogram)	13.70	%	11.00 - 16.00

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

Total WBC Count	7880	/ μ L	4000.00 - 10000.00
Neutrophil	[%] 82.0	%	EXPECTED VALUES 40.00 - 70.00 [Abs] 4886 / μ L 2000.00 - 7000.00
Lymphocyte	31.0	%	20.00 - 40.00 2443 / μ L 1000.00 - 3000.00
Eosinophil	3.0	%	1.00 - 6.00 236 / μ L 20.00 - 500.00
Monocytes	4.0	%	2.00 - 10.00 315 / μ L 200.00 - 1000.00
Basophil	0.0	%	0.00 ; 2.00 0 / μ L 0.00 - 100.00

PLATELET COUNT (Optical)

Platelet Count	307000	/ μ L	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	2.00		0.78 - 3.53

SMEAR STUDY

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

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

Dr. Shreya Shah
M.D. (Pathologist)

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LABORATORY REPORT



Name : VANITA PRAJAPATI	Sex/Age : Female/ 35 Years	Case ID : 31202200515
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3217159
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 23-Dec-2023 09:06	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 23-Dec-2023 09:06	Sample Coll. By :	Ref Id1 : OSP30840
Report Date and Time : 23-Dec-2023 10:58	Acc. Remarks : Normal	Ref Id2 : O23248554

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR Westergren Method	14	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 : VANITA PRAJAPATI	Sex/Age : Female/ 35 Years	Case ID : 31202200515
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3217159
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 23-Dec-2023 09:06	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 23-Dec-2023 09:06	Sample Coll. By :	Ref Id1 : OSP30840
Report Date and Time : 23-Dec-2023 09:20	Acc. Remarks : Normal	Ref Id2 : O23248554

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	A
Rh Type	POSITIVE

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

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LABORATORY REPORT



Name : VANITA PRAJAPATI	Sex/Age : Female/ 35 Years	Case ID : 31202200515
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3217159
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 23-Dec-2023 09:06	Sample Type : Spot Urine	Mobile No :
Sample Date and Time : 23-Dec-2023 09:06	Sample Coll. By :	Ref Id1 : OSP30840
Report Date and Time : 23-Dec-2023 09:40	Acc. Remarks : Normal	Ref Id2 : O23248554

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	>1.025	1.005 - 1.030
pH	<5.5	5 - 8
Leucocytes (ESTERASE)	Negative	Negative
Protein	Negative	Negative
Glucose	Negative	Negative
Ketone Bodies Urine	Negative	Negative
Urobilinogen	Negative	Negative
Bilirubin	Negative	Negative
Blood	Negative	Negative
Nitrite	Negative	Negative

Flowcytometric Examination By Sysmex UF-5000

Leucocyte	Nil	/HPF	Nil
Red Blood Cell	Nil	/HPF	Nil
Epithelial Cell	Present +	/HPF	Present(+)
Bacteria	Nil	/μL	Nil
Yeast	Nil	/μL	Nil
Cast	Nil	/LPF	Nil
Crystals	Nil	/HPF	Nil

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

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LABORATORY REPORT



Name : VANITA PRAJAPATI	Sex/Age : Female/ 35 Years	Case ID : 31202200515
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3217159
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 23-Dec-2023 09:06	Sample Type : Spot Urine	Mobile No :
Sample Date and Time : 23-Dec-2023 09:06	Sample Coll. By :	Ref Id1 : OSP30840
Report Date and Time : 23-Dec-2023 09:40	Acc. Remarks : Normal	Ref Id2 : O23248554

Parameter	Unit	Expected value	Result/Notations				
			Trace	+	++	+++	++++
pH	-	4.6-8.0					
SG	-	1.003-1.035					
Protein	mg/dL	Negative (<10)	10	25	75	150	500
Glucose	mg/dL	Negative (<30)	30	50	100	300	1000
Bilirubin	mg/dL	Negative (0.2)	0.2	1	3	6	-
Ketone	mg/dL	Negative (<5)	5	15	50	150	-
Urobilinogen	mg/dL	Negative (<1)	1	4	8	12	-

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

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

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M.D. (Pathologist)

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LABORATORY REPORT



Name : VANITA PRAJAPATI	Sex/Age : Female/ 35 Years	Case ID : 31202200515
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3217150
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 23-Dec-2023 09:06	Sample Type : Plasma Fluoride F, Plasma Fluoride PP	Mobile No :
Sample Date and Time : 23-Dec-2023 09:06	Sample Coll. By :	Ref Id1 : OSP30840
Report Date and Time : 23-Dec-2023 13:02	Acc. Remarks : Normal	Ref Id2 : O23248554
TEST	RESULTS	UNIT BIOLOGICAL REF RANGE
		REMARKS

BIOCHEMICAL INVESTIGATIONS

Blood Glucose Level (Fasting & Post Prandial)

Plasma Glucose - F <small>Photometric, Hexokinase</small>	H	102.14	mg/dL	70 - 100
Plasma Glucose - PP <small>Photometric, Hexokinase</small>		138.40	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. Shreya Shah

M.D. (Pathologist)

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LABORATORY REPORT



Name : VANITA PRAJAPATI	Sex/Age : Female/ 35 Years	Case ID : 31202200515
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3217159
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 23-Dec-2023 09:06	Sample Type : Serum	Mobile No :
Sample Date and Time : 23-Dec-2023 09:06	Sample Coll. By :	Ref Id1 : OSP30840
Report Date and Time : 23-Dec-2023 11:51	Acc. Remarks : Normal	Ref Id2 : O23248554

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol <i>Colorimetric, CHOD-POD</i>	182.62	mg/dL	110 - 200
HDL Cholesterol	L 41.3	mg/dL	48 - 77
Triglyceride <i>Glycerol Phosphate Oxidase</i>	H 279.49	mg/dL	<150
VLDL <i>Calculated</i>	H 55.90	mg/dL	10 - 40
Chol/HDL <i>Calculated</i>	H 4.42		0 - 4.1
LDL Cholesterol <i>Calculated</i>	85.42	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 100-199
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 assesment
- For LDL Cholesterol level Please consider direct LDL value
- Risk assesment from HDL and Triglycende 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 assesment

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 : VANITA PRAJAPATI	Sex/Age : Female/ 35 Years	Case ID : 31202200515
Ref.By : HOSPITAL	Dis. At :	Pl. ID : 3217159
Bill. Loc. : Aashka hospital		Pl. Loc :
Reg Date and Time : 23-Dec-2023 09:06	Sample Type : Serum	Mobile No :
Sample Date and Time : 23-Dec-2023 09:06	Sample Coll. By :	Ref Id1 : OSP30840
Report Date and Time : 23-Dec-2023 11:59	Acc. Remarks : Normal	Ref Id2 : O23248554

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Liver Function Test

S.G.P.T. <i>UV with PSP</i>	18.33	U/L	14 - 59	
S.G.O.T. <i>UV with PSP</i>	19.38	U/L	15 - 37	
Alkaline Phosphatase <i>Enzymatic, PNPP-AMP</i>	102.23	U/L	46 - 116	
Gamma Glutamyl Transferase <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate</i>	29.12	U/L	0 - 38	
Proteins (Total) <i>Colorimetric, Biuret</i>	7.65	gm/dL	6.40 - 8.30	
Albumin <i>Bromocresol purple</i>	4.89	gm/dL	3.4 - 5	
Globulin <i>Calculated</i>	2.76	gm/dL	2 - 4.1	
A/G Ratio <i>Calculated</i>	1.8		1.0 - 2.1	
Bilirubin Total <i>Photometry</i>	0.35	mg/dL	0.3 - 1.2	
Bilirubin Conjugated <i>Diazotization reaction</i>	0.29	mg/dL	0 - 0.50	
Bilirubin Unconjugated <i>Calculated</i>	0.06	mg/dL	0 - 0.8	

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M.D. (Pathologist)

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Ref.By : HOSPITAL	Dis. At :	PL ID : 3217159
Bill. Loc. : Aashka hospital		PL Loc :
Reg Date and Time : 23-Dec-2023 09:06	Sample Type : Serum	Mobile No :
Sample Date and Time : 23-Dec-2023 09:06	Sample Coll. By :	Ref Id1 : OSP30840
Report Date and Time : 23-Dec-2023 11:51	Acc. Remarks : Normal	Ref Id2 : O23248554

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BUN (Blood Urea Nitrogen) <small>GLDH</small>	9.2	mg/dL	7.00 - 18.70	
Creatinine	0.56	mg/dL	0.50 - 1.50	
Uric Acid <small>Uricase</small>	5.65	mg/dL	2.6 - 6.2	

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

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LABORATORY REPORT



Name : VANITA PRAJAPATI	Sex/Age : Female/ 35 Years	Case ID : 31202200515
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3217159
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 23-Dec-2023 09:06	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 23-Dec-2023 09:06	Sample Coll. By :	Ref Id1 : OSP30840
Report Date and Time : 23-Dec-2023 09:47	Acc. Remarks : Normal	Ref Id2 : O23248554

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Glycated Haemoglobin Estimation				
HbA1C	5.27	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	104.55	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)

Dr. Shreya Shah

M.D. (Pathologist)

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Neuberg Diagnostics Private Limited

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Chennai - 600096, Tamil Nadu, India. | CIN - U85300TN2017PTC114099
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Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 23-Dec-2023 09:06	Sample Type : Serum	Mobile No :
Sample Date and Time : 23-Dec-2023 09:06	Sample Coll. By :	Ref Id1 : OSP30840
Report Date and Time : 23-Dec-2023 10:32	Acc. Remarks : Normal	Ref Id2 : O23248554

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Thyroid Function Test				
Triiodothyronine (T3)	100.89	ng/dL	70 - 204	
Thyroxine (T4) CMA	6.61	ng/dL	4.87 - 11.72	
TSH CMA	2.24	μIU/mL	0.4 - 4.2	

INTERPRETATIONS

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

CAUTIONS

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

TSH ref range in pregnancy

First trimester
Second trimester
Third trimester

Reference range (microIU/ml)

0.24 - 2.00
0.43-2.2
0.8-2.5

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

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Interpretation Note:

Ultra sensitive-thyroid-stimulating hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitary-thyroid axis, s-TSH provides a physiologic indicator of the functional level of thyroid hormone activity. Increased s-TSH indicates inadequate thyroid hormone, and suppressed s-TSH indicates excess thyroid hormone. Transient s-TSH abnormalities may be found in seriously ill, hospitalized patients, so this is not the ideal setting to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (an alternative screening test), when the s-TSH result is abnormal, appropriate follow-up tests T4 & free T3 levels should be performed. If TSH is between 5.0 to 10.0 & free T4 & free T3 level are normal then it is considered as subclinical hypothyroidism which should be followed up after 4 weeks & if TSH is > 10 & free T4 & free T3 level are normal then it is considered as overt hypothyroidism.

Serum triiodothyronine (T3) levels often are depressed in sick and hospitalized patients, caused in part by the biochemical shift to the production of reverse T3. Therefore, T3 generally is not a reliable predictor of hypothyroidism. However, in a small subset of hyperthyroid patients, hyperthyroidism may be caused by overproduction of T3 (T3 toxicosis). To help diagnose and monitor this subgroup, T3 is measured on all specimens with suppressed s-TSH and normal FT4 concentrations.

Normal ranges of TSH & thyroid hormones vary according trimester in pregnancy.

TSH ref range in Pregnancy	Reference range (microIU/ml)
First trimester	0.24 - 2.00
Second trimester	0.43-2.2
Third trimester	0.8-2.5

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

Pending Services
Liquid Base Cytology PAP

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)

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23.12.2023 11:12:20 AM
AASHIKA HOSPITAL, LTD.
SARGASAN
GANCHIBANAGAR

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

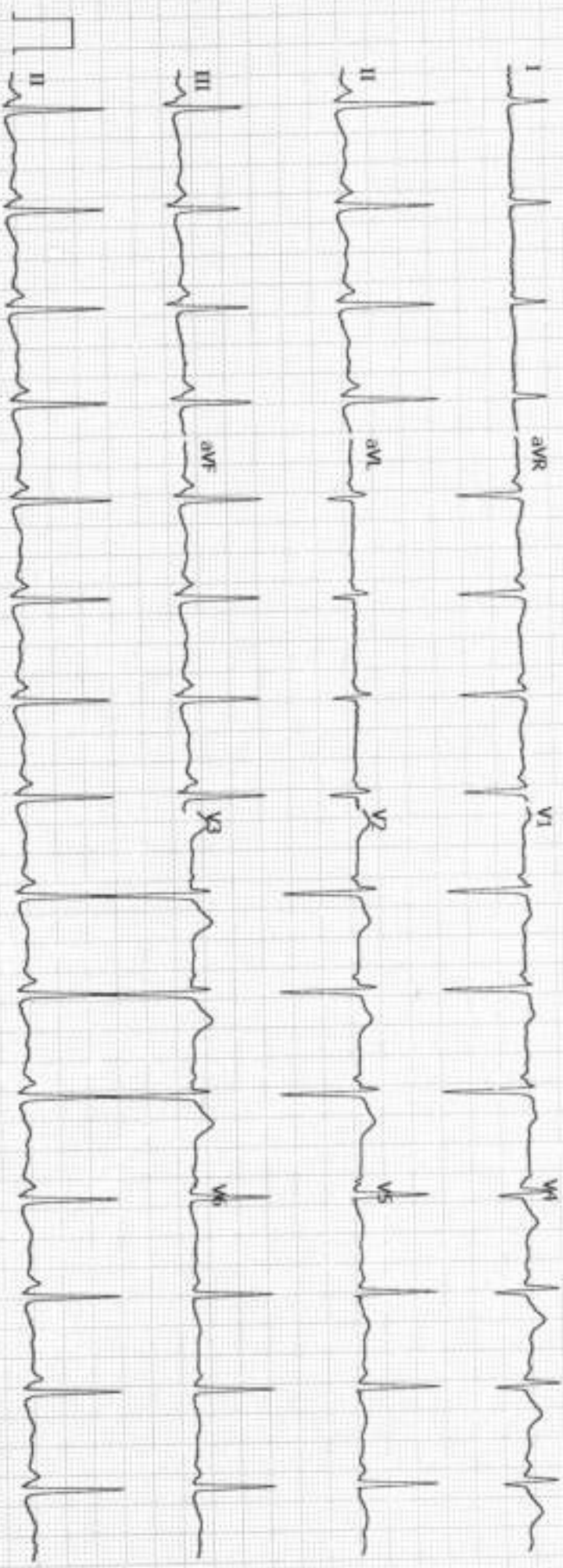
Room:

91 bpm
-- / -- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 74 ms
QT / QTcBaz : 362 / 445 ms
PR : 122 ms
P : 102 ms
RR / PP : 662 / 659 ms
P / QRS / T : 80 / 73 / 68 degrees

Normal sinus rhythm
Minimal voltage criteria for LVH, may be normal variant
Nonspecific T wave abnormality
Abnormal ECG



GE MAC2000 1.1 12SL™ V241

25 mm/s 10 mm/mV

ADS 0.56-20 Hz 50 Hz

Unconfirmed
4x2.5x3_25_R1 1/1



Name: Vaavita Prajapati Age: 35 yrs

Complaints:
None.

No of deliveries: 2 F.T.B.S. / 1 L.D.

Last Delivery: Hysterectomy

History of abortion: 9 miscarriages

H/O medical conditions associated:

Last abortions: -

DM
HTN
Thyroid

MH: 1 Hysterectomy Reg:

LMP:

P/A:

P/S: Vaavita

P/V:

Sample:-
Vagina Vaavita
Cervix

Doctors Sign:- T. Thakur