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Reception ▾

Hi **Aashka Multispeciality Hospital,**

We have received the confirmation for the following booking.

Hospital Package Name : Mediwheel Full Body Health Checkup Female Above 40
Patient Package Name : Mediwheel Full Body Health Checkup Female Above 40
Package Code : PKG10000477
Contact Details : 9427699925
Email : ravalchintan1996@gmail.com
Booking Date : 28-12-2023
Appointment Date : 30-12-2023
Confirmation Status : Booking Confirmed
Preferred Time : 8:00am-8:30am

Member Information

Booked Member Name	Age	Gender
JAMNABEN SHANKARBHAI PATEL	54 year	Female

We request you to facilitate the employee on priority.

Thanks,

Mediwheel Team

You have received this mail because your e-mail ID is registered with This is a system-generated e-mail **Arcofemi Healthcare Limited**, please don't reply to this message.

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Aashka Hospitals Ltd.

Between Sargasan and Reliance Cross Roads
Sargasan, Gandhinagar - 382421, Gujarat.

Hospital:7575006000/9000

Website: www.aashkahospitals.in />



बैंक ऑफ़ बड़ोदा

Bank of Baroda



ATM



IP

नाम

Name

Shankarbhai Khatauji Patel

कर्मचारी कूट क्र.

160987

Employee Code No.

जारीकर्ता प्राधिकारी

Issuing Authority



Shankar

धारक के हस्ताक्षर

Signature of Holder

PATIENT NAME: JAMNABEN S PATEL

GENDER/AGE: Female / 54 Years

DATE: 30/12/23

DOCTOR: DR. HASIT JOSHI

OPDNO: OSP32949

2D-ECHO

MITRAL VALVE	: SCLEROSED	
AORTIC VALVE	: SCLEROSED	
TRICUSPID VALVE	: NORMAL	
PULMONARY VALVE	: NORMAL	
AORTA	: 31mm	
LEFT ATRIUM	: 34mm	
LV Dd / Ds	: 41/28mm	EF 60%
IVS / LVPW / D	: 11/10mm	
IVS	: INTACT	
IAS	: INTACT	
RA	: NORMAL	
RV	: NORMAL	
PA	: NORMAL	
PERICARDIUM	: NORMAL	
VEL	: PEAK	MEAN
M/S	: Gradient mm Hg	Gradient mm Hg
MITRAL	: 0.7/0.9m/s	
AORTIC	: 1.2m/s	
PULMONARY	: 1.0m/s	
COLOUR DOPPLER	: MILD MR/TR	
RVSP	: 32mmHg	
CONCLUSION	: NORMAL LV SIZE / SYSTOLIC FUNCTION; REDUCED LV COMPLIANCE.	

ADV: TMT



CARDIOLOGIST
DR. HASIT JOSHI (9825012235)



LABORATORY REPORT



Name : JAMNABEN S PATEL	Sex/Age : Female/ 54 Years	Case ID : 31202200687
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3234975
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 30-Dec-2023 09:40	Sample Type :	Mobile No :
Sample Date and Time : 30-Dec-2023 09:40	Sample Coll. By :	Ref Id1 : OSP32949
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 : O23248760

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Glyco Hemoglobin			
HbA1C	6.00	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes
Haemogram (CBC)			
Haemoglobin	10.4	G%	12.0 - 15.0
RBC (Electrical Impedance)	5.10	millions/cu mm	3.80 - 4.80
PCV(Calc)	34.02	%	36.00 - 46.00
MCV (RBC histogram)	66.7	fL	83.00 - 101.00
MCH (Calc)	20.5	pg	27.00 - 32.00
MCHC (Calc)	30.7	gm/dL	31.50 - 34.50
Lymphocyte	46.0	%	20.00 - 40.00
Monocyte	149	/µL	200.00 - 1000.00
Lipid Profile			
Cholesterol	243.31	mg/dL	110 - 200
HDL Cholesterol	46.5	mg/dL	48 - 77
Triglyceride	202.51	mg/dL	<150
VLDL	40.50	mg/dL	10 - 40
Chol/HDL	5.23		0 - 4.1
LDL Cholesterol	156.31	mg/dL	0.00 - 100.00
ESR	38	mm after 1hr	3 - 30

Abnormal Result(s) Summary End

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

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LABORATORY REPORT



Name : JAMNABEN S PATEL Sex/Age : Female/ 54 Years Case ID : 31202200687
 Ref.By : HOSPITAL Dis. At : Pl. ID : 3234975
 Bill. Loc. : Aashka hospital Pl. Loc :

Reg Date and Time : 30-Dec-2023 09:40 Sample Type : Whole Blood EDTA Mobile No :
 Sample Date and Time : 30-Dec-2023 09:40 Sample Coll. By : Ref Id1 : OSP32949
 Report Date and Time : 30-Dec-2023 10:23 Acc. Remarks : Normal Ref Id2 : O23248760

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin	L 10.4	G%	12.0 - 15.0
RBC (Electrical Impedance)	H 5.10	millions/cumm	3.80 - 4.80
PCV(Calc)	L 34.02	%	36.00 - 46.00
MCV (RBC histogram)	L 66.7	fL	83.00 - 101.00
MCH (Calc)	L 20.5	pg	27.00 - 32.00
MCHC (Calc)	L 30.7	gm/dL	31.50 - 34.50
RDW (RBC histogram)	15.30	%	11.00 - 16.00

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

			EXPECTED VALUES	[Abs]	EXPECTED VALUES
Total WBC Count	4970	/μL	4000.00 - 10000.00		
Neutrophil	[%] 48.0	%	40.00 - 70.00	2386	/μL 2000.00 - 7000.00
Lymphocyte	H 46.0	%	20.00 - 40.00	2286	/μL 1000.00 - 3000.00
Eosinophil	3.0	%	1.00 - 6.00	149	/μL 20.00 - 500.00
Monocytes	3.0	%	2.00 - 10.00	L 149	/μL 200.00 - 1000.00
Basophil	0.0	%	0.00 - 2.00	0	/μL 0.00 - 100.00

PLATELET COUNT (Optical)

Platelet Count	335000	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	1.04		0.78 - 3.53

SMEAR STUDY

RBC Morphology : Microcytic hypochromic RBCs.
 WBC Morphology : Lymphocytosis
 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 : JAMNABEN S PATEL	Sex/Age : Female/ 54 Years	Case ID : 31202200687
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3234975
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 30-Dec-2023 09:40	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 30-Dec-2023 09:40	Sample Coll. By :	Ref Id1 : OSP32949
Report Date and Time : 30-Dec-2023 10:33	Acc. Remarks : Normal	Ref Id2 : O23248760

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR Westergren Method	H 38	mm after 1hr	3 - 30	

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 : JAMNABEN S PATEL Sex/Age : Female/ 54 Years Case ID : 31202200687
 Ref.By : HOSPITAL Dis. At : Pt. ID : 3234975
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 30-Dec-2023 09:40 Sample Type : Whole Blood EDTA Mobile No :
 Sample Date and Time : 30-Dec-2023 09:40 Sample Coll. By : Ref Id1 : OSP32949
 Report Date and Time : 30-Dec-2023 10:34 Acc. Remarks : Normal Ref Id2 : O23248760

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	O
Rh Type	POSITIVE

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

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LABORATORY REPORT



Name : JAMNABEN S PATEL	Sex/Age : Female/ 54 Years	Case ID : 31202200687
Ref.By : HOSPITAL	Dis. At :	PL ID : 3234975
Bill. Loc. : Aashka hospital		PL Loc :
Reg Date and Time : 30-Dec-2023 09:40	Sample Type : Spot Urine	Mobile No :
Sample Date and Time : 30-Dec-2023 09:40	Sample Coll. By :	Ref Id1 : OSP32949
Report Date and Time : 30-Dec-2023 10:23	Acc. Remarks : Normal	Ref Id2 : O23248760

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

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LABORATORY REPORT



Name : JAMNABEN S PATEL Sex/Age : Female/ 54 Years Case ID : 31202200687
 Ref.By : HOSPITAL Dis. At : Pt. ID : 3234975
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 30-Dec-2023 09:40 Sample Type : Spot Urine Mobile No :
 Sample Date and Time : 30-Dec-2023 09:40 Sample Coll. By : Ref Id1 : OSP32949
 Report Date and Time : 30-Dec-2023 10:23 Acc. Remarks : Normal Ref Id2 : O23248760

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-Very Low, L-Low, H-High, HH-Very High A-Abnormal)

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LABORATORY REPORT



Name : JAMNABEN S PATEL Sex/Age : Female/ 54 Years Case ID : 31202200687
 Ref.By : HOSPITAL Dis. At : Pt. ID : 3234975
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 30-Dec-2023 09:40 Sample Type : Plasma Fluoride F, Plasma Fluoride PP Mobile No :
 Sample Date and Time : 30-Dec-2023 09:40 Sample Coll. By : Ref Id1 : OSP32949
 Report Date and Time : 30-Dec-2023 14:26 Acc. Remarks : Normal Ref Id2 : O23248760

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Blood Glucose Level (Fasting & Post Prandial)

Plasma Glucose - F <i>Photometric, Hexokinase</i>	93.15	mg/dL	70 - 100
Plasma Glucose - PP <i>Photometric, Hexokinase</i>	139.03	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)

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LABORATORY REPORT



Name : JAMNABEN S PATEL Sex/Age : Female/ 54 Years Case ID : 31202200687
 Ref.By : HOSPITAL Dis. At : Pt. ID : 3234975
 Bill. Loc. : Aashka hospital Pt. Loc. :
 Reg Date and Time : 30-Dec-2023 09:40 Sample Type : Serum Mobile No :
 Sample Date and Time : 30-Dec-2023 09:40 Sample Coll. By : Ref Id1 : OSP32949
 Report Date and Time : 30-Dec-2023 11:51 Acc. Remarks : Normal Ref Id2 : O23248760

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol <small>Colorimetric, CHOD-POD</small>	H	243.31	mg/dL	110 - 200
HDL Cholesterol	L	46.5	mg/dL	48 - 77
Triglyceride <small>Glycerol Phosphate Oxidase</small>	H	202.51	mg/dL	<150
VLDL <small>Calculated</small>	H	40.50	mg/dL	10 - 40
Chol/HDL <small>Calculated</small>	H	5.23		0 - 4.1
LDL Cholesterol <small>Calculated</small>	H	156.31	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-VeryLow, L-Low, H-High, HH-VeryHigh ,A-Abnormal)

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LABORATORY REPORT



Name : JAMNABEN S PATEL	Sex/Age : Female/ 54 Years	Case ID : 31202200687
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3234975
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 30-Dec-2023 09:40	Sample Type : Serum	Mobile No :
Sample Date and Time : 30-Dec-2023 09:40	Sample Coll. By :	Ref Id1 : OSP32949
Report Date and Time : 30-Dec-2023 11:59	Acc. Remarks : Normal	Ref Id2 : O23248760

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>	24.76	U/L	14 - 59	
S.G.O.T. <i>UV with PSP</i>	21.75	U/L	15 - 37	
Alkaline Phosphatase <i>Enzymatic, PNPP-AMP</i>	107.91	U/L	46 - 116	
Gamma Glutamyl Transferase <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate</i>	22.13	U/L	0 - 38	
Proteins (Total) <i>Colorimetric, Biuret</i>	8.22	gm/dL	6.40 - 8.30	
Albumin <i>Bromocresol purple</i>	4.83	gm/dL	3.4 - 5	
Globulin <i>Calculated</i>	3.39	gm/dL	2 - 4.1	
A/G Ratio <i>Calculated</i>	1.4		1.0 - 2.1	
Bilirubin Total <i>Photometry</i>	0.35	mg/dL	0.3 - 1.2	
Bilirubin Conjugated <i>Diazotization reaction</i>	0.23	mg/dL	0 - 0.50	
Bilirubin Unconjugated <i>Calculated</i>	0.12	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 : JAMNABEN S PATEL	Sex/Age : Female/ 54 Years	Case ID : 31202200687
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3234975
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 30-Dec-2023 09:40	Sample Type : Serum	Mobile No :
Sample Date and Time : 30-Dec-2023 09:40	Sample Coll. By :	Ref Id1 : OSP32949
Report Date and Time : 30-Dec-2023 11:51	Acc. Remarks : Normal	Ref Id2 : O23248760

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BUN (Blood Urea Nitrogen) <small>GLDH</small>	15.5	mg/dL	9.80 - 20.10	
Creatinine	0.66	mg/dL	0.50 - 1.50	
Uric Acid <small>Unicas</small>	3.80	mg/dL	2.6 - 6.2	

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

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LABORATORY REPORT



Name : JAMNABEN S PATEL	Sex/Age : Female/ 54 Years	Case ID : 31202200687
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3234975
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 30-Dec-2023 09:40	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 30-Dec-2023 09:40	Sample Coll. By :	Ref Id1 : OSP32949
Report Date and Time : 30-Dec-2023 10:35	Acc. Remarks : Normal	Ref Id2 : O23248760

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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Glycated Haemoglobin Estimation

HbA1C	H 6.00		% of total Hb <5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) Calculated	125.50	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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LABORATORY REPORT



Name : JAMNABEN S PATEL	Sex/Age : Female/ 54 Years	Case ID : 31202200687
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3234975
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 30-Dec-2023 09:40	Sample Type : Serum	Mobile No :
Sample Date and Time : 30-Dec-2023 09:40	Sample Coll. By :	Ref Id1 : OSP32949
Report Date and Time : 30-Dec-2023 10:59	Acc. Remarks : Normal	Ref Id2 : O23248760

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Thyroid Function Test				
Triiodothyronine (T3)	103.29	ng/dL	40 - 181	
Thyroxine (T4) CMA	9.64	ng/dL	4.87 - 11.72	
TSH CMA	1.73	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), PRTN 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	0.24 - 2.00
Second trimester	0.43-2.2
Third trimester	0.8-2.5

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Name : JAMNABEN S PATEL	Sex/Age : Female/ 54 Years	Case ID : 31202200687
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3234975
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 30-Dec-2023 09:40	Sample Type : Serum	Mobile No :
Sample Date and Time : 30-Dec-2023 09:40	Sample Coll. By :	Ref Id1 : OSP32949
Report Date and Time : 30-Dec-2023 10:59	Acc. Remarks : Normal	Ref Id2 : O23248760

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/↑	↓

----- 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-Very Low, L-Low, H-High, HH-Very High, A-Abnormal)

Dr. Shreya Shah
M.D. (Pathologist)

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30.12.2023 12:27:07 PM
AGRIKA HOSPITAL LTD,
SANGSARI
GANDHINAGAR

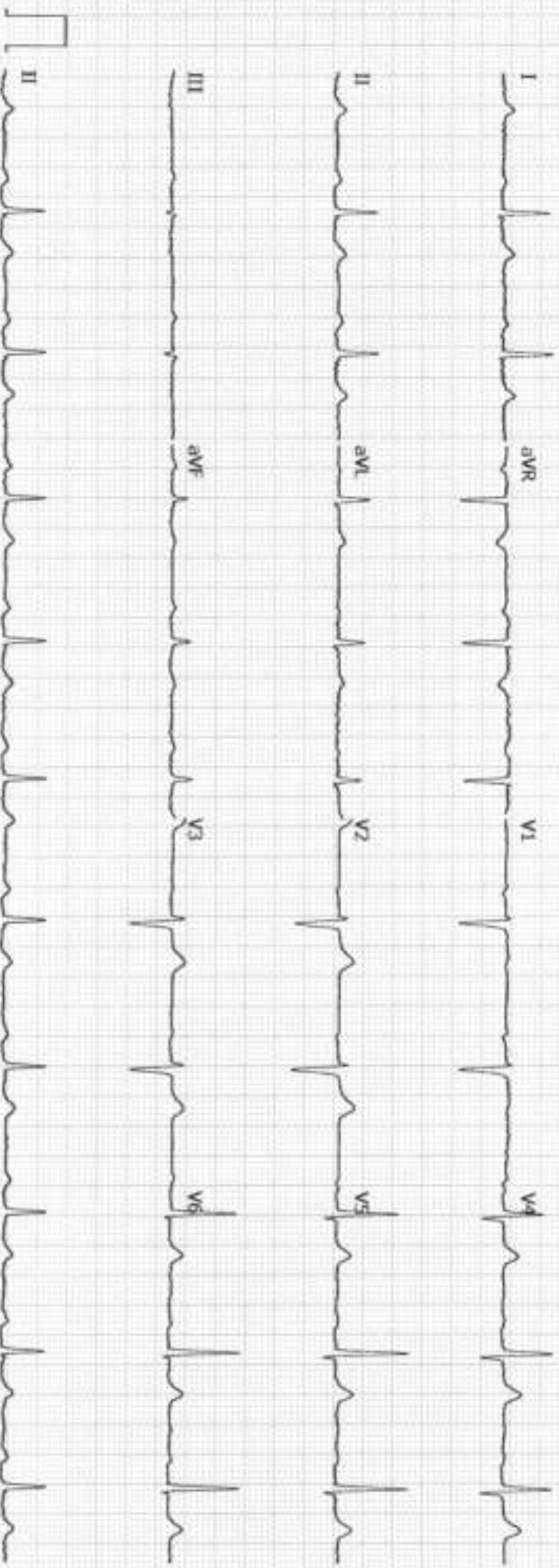
Location: 1
Order Number:
Indication:
Medication 1:
Medication 2:
Medication 3:

Room:

63 bpm
-- / -- mmHg

Technician:
Ordering Pn:
Referring Pn:
Attending Pn:
QRS : 78 ms
QT / QT Baz : 392 / 401 ms
PR : 206 ms
P : 56 ms
RR / PP : 952 / 952 ms
P / QRS / T : 33 / 23 / 19 degrees

Normal sinus rhythm
Normal ECG



Unconfirmed

PATIENT NAME: JAMNABEN S PATEL

GENDER/AGE: Female / 54 Years

DATE: 30/12/23

DOCTOR:

OPDNO: OSP32949

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 REPORT REPORT REPORT REPORT

PATIENT NAME:JAMNABEN S PATEL

GENDER/AGE:Female / 54 Years

DATE:30/12/23

DOCTOR:

OPDNO:OSP32949

SONOGRAPHY OF ABDOMEN AND PELVIS

LIVER: Liver appears normal in size and shows normal parenchymal echoes. No evidence of focal or diffuse lesion is seen. No evidence of dilated IHBR is seen. Intrahepatic portal radicles appear normal. No evidence of solid or cystic mass lesion is seen.

GALL BLADDER: Gall bladder is physiologically distended and appears normal. No evidence of calculus or changes of cholecystitis are seen. No evidence of pericholecystic fluid collection is seen. CBD appears normal.

PANCREAS: Pancreas appears normal in size and shows normal parenchymal echoes. No evidence of pancreatitis or pancreatic mass lesion is seen.

SPLEEN: Spleen appears normal in size and shows normal parenchymal echoes. No evidence of focal or diffuse lesion is seen.

KIDNEYS: Both kidneys are normal in size, shape and position. Both renal contours are smooth. Cortical and central echoes appear normal. Bilateral cortical thickness appears normal. No evidence of renal 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 4.1 cms in size.

Left kidney measures about 10.0 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 60 cc.

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

COMMENT: Normal sonographic appearance of liver, GB, pancreas, spleen, kidneys, para aortic region and bladder.


DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST

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

UHID: ASP 32949	Date: 30/12/23	Time: 9:24
Patient Name: Jamanbhai	Age /Sex:	Height:
	Weight:	
History: C/o Complaint history done		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination: VU 6/50 6/60 no 6/50 C-10/25 V/U - Normal		
Diagnosis:		