Dear MR. KUMAR ROHIT,

Please find the confirmation for following request.

Booking Date

: 02-06-2023

Package Name

: Medi-Wheel Metro Full Body Health Checkup Male Below 40

Diagnostic/Hospital: Aashka Multispeciality Hospital

Diagnostic/Hospital: Between Sargasan & Reliance Cross Road

Contact Details

: 9879752777/7577500900

City

: Gandhi Nagar

State

: Gujarat

Pincode

: 382315

Appointment Date: 10-06-2023

Confirmation

Preferred Time

: Confirmed

Status

: 09:00:AM

Comment

: APPOINTMENT TIME 8:30AM

Instructions to undergo Health Check:

- 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).
- 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:

- 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.

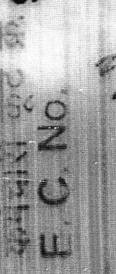
Request you to reach half an hour before the scheduled time.

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



Bankor Daroda

TH: ROHIT KUMAR

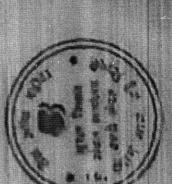


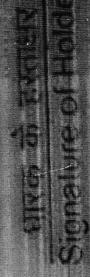




esuing Authority C.M. (S), ZO, ND.







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

UHID: OLP 305M0 Date:	Time: 60%
Patient Name: Pohit Cumor	Height: 16 . c.m
Age /Sex: 324 M LMP:	Weight: 57.8.K.L.
History:	
c/c/o:	History:
NA 2	
	<u>.</u>
Allergy History:	Addiction: Ny)
Nutritional Screening: Well-Nourished / Malnourish	ed / Obese
Vitals & Examination: Temperature:	
Pulse: Is win	
BP: 110/70 monts SPO2: 987-000	
SPO2: 287.000	a 2 0 0 1 a 0 1
Provisional Diagnosis:	

Advice:							
	Person	1,5 0	netical	y fit			
Dec						-	
Rx No	Dosage Form	Nam	ne of drug	Dose	Route	Frequency	Duration
			LETTERS ONLY)		7.8		
			19	e. g			
		ě	8a 3	e a la l	3		
				a la garantaria de la colo			
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		6		325 - 1 7			
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	10	2	and all first				,
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			N 72	S2. 6 S		•	2
							* = =
Insulin Scale	e	RBS-	hourly	Diet Advice:			
< 150 -		300-350 –		Follow-up:			
150-200 -		350-400 -	V, V. ₩	- Choir up			
200-250 –		400-450 –	8 2 3	Sign:		The)	
250-300 –		> 450 –				all.	

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www.aashkahospitals.in CIN: L85110GJ2012PLC072647



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

UHID: Dabit language Date: 1 a C Da Times	=_=
Date: 16 6 23 Time:	
Patient Name: OSP30540 Age /Sex: 301	Mr.
Height: 161 C	\sim
Weight: 51 - 8	12
Chief Complain:	100
mier complain:	
-) Red.	
History:	
	a le
Allergy History:	
	===
Nutritional Screening: Well-Nourished / Malnourished / Obese	
	40
ramination:	
Extra oral :	
Intra oral – Teeth Present:	
Chi ozlas	
Teeth Absent:	
Missimy Jeen E	6.
Teeth Absent :	
Diagnosis:	

No	Dosage Form	(1	Name of d N BLOCK LETTE	rug RS ONLY)	Dose	Route	Frequency	Duration
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						40° E		
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		11						
Other A	Advice:	Hdv2-	Dowlin.	w)				
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t:						6		
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							j	ges.
	up:							

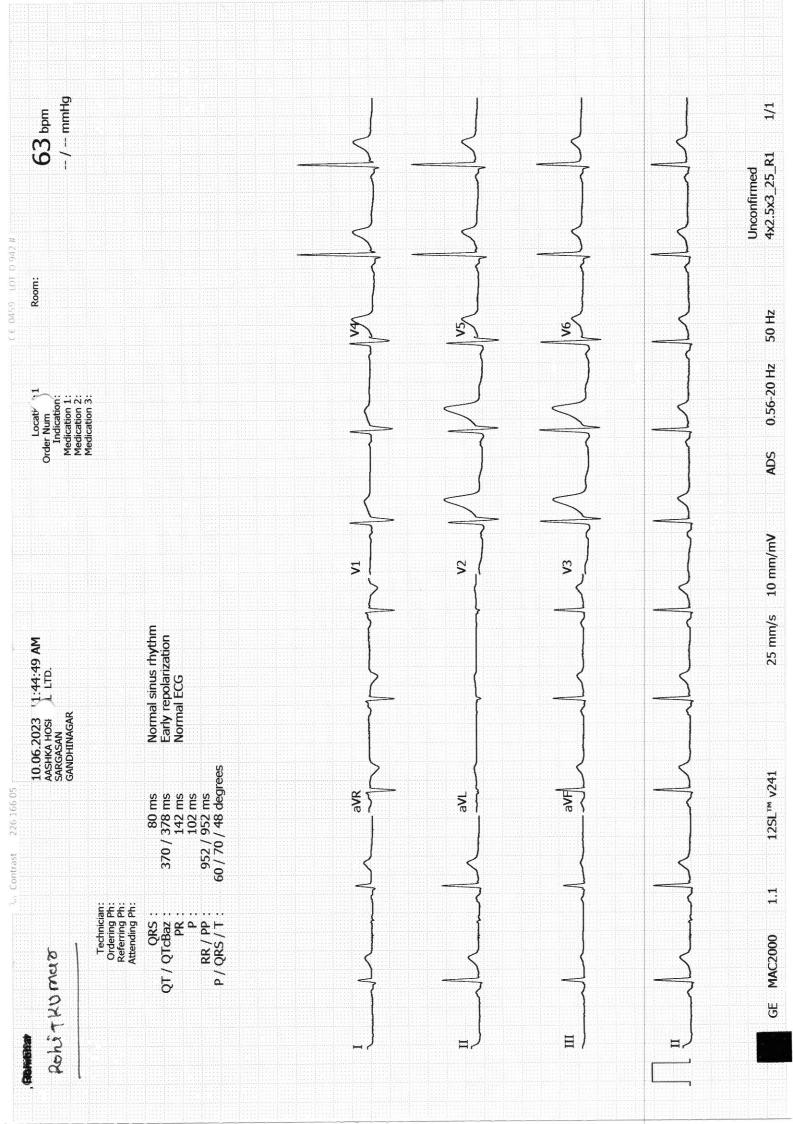
Between Sargasan and Reliance Cross Roads Sargasan, Gandhinagar - 382421. Gujarat, India Phone: 079-29750750, +91-7575006000 / 9000 Emergency No.: +91-7575007707 / 9879752777

www.aashkahospitals.in CIN: L85110GJ2012PLC072647



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

UHID: OSP305NO	Date:	Time:	
Patient Name: 1201 12 12 12 12		Age/Sex: 301m	
		Height: 161 cm	
		Weight: 57. 8 14	5
History:			
010		Î.	
Rymch wr		<i>ii</i>	
1011 -1		71000 E	
12 Char Char ans.			
Allergy History:			
		2 2	
Nutritional Screening: Well-Nourished / Male	nourished / Obese		
	as k	, a	
Examination:			
$\tilde{\Omega}$, ζ_{1}	r		
D.v. < 610	6		
6/0			
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Diagnosis:			
		The terms of	



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:ROHIT KUMAR GENDER/AGE:Male / 32 Years

DOCTOR:

OPDNO:OSP30540

DATE:10/06/23

2D-ECHO

MITRAL VALVE

: NORMAL

AORTIC VALVE

: NORMAL

TRICUSPID VALVE

: NORMAL

PULMONARY VALVE

: NORMAL

AORTA

: 29

LEFT ATRIUM

: 34

LV Dd / Ds

: 45/31

IVS / LVPW / D

: 10.1/10.2

IVS

: INTACT

IAS

:INTACT

......

RA

:NORMAL

RV

: NORMAL

PA

:NORMAL

PERICARDIUM

:NORMAL

VEL

PEAK

MEAN

M/S

Gradient mm Hg

Gradient mm Hg

MITRAL

: 1.0/0.5

MILD MR

AORTIC

: 1.1

PULMONARY

: 0.8

COLOUR DOPPLER

.

RVSP

: 31mmHg

CONCLUSION

: NORMAL LV SIZE, NORMAL LV FUNCTION, EF-60% NO RWMA AT REST, MILD MR, TRIVIAL TR, NO PAH

CARDIOLOGIST

DR.HASIT JOSHI (9825012235)

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:ROHIT KUMAR GENDER/AGE:Male / 32 Years DOCTOR: OPDNO:OSP30540

DATE:10/06/23

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. SNEHAZ PRAJAPATI CONSULTANT RADIOLOGIST

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: ROHIT KUMAR GENDER/AGE:Male / 32 Years DOCTOR: OPDNO:OSP30540

DATE:10/06/23

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 10.1 x 4.6 cms in size. Left kidney measures about 10.6 x 4.8 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 120 cc.

PROSTATE: Prostate appears normal in size and shows normal parenchymal edhoes. No evidence of pathological calcification or solid or cystic mass lesion is seen. Prostate measures about 2.8 x 3.8 x 3.2 cms in size.

Prostate volume measures about 14 cc.

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

DR. SNEHAL PRAJAPATI CONSULTANT RADIOLOGIST



Name

: ROHIT KUMAR

Ref.By : AASHKA HOSPITAL

Bill. Loc. : Aashka hospital

Reg Date and Time : 10-Jun-2023 09:02 | Sample Type : | Mobile No : 9871460094 |
Sample Date and Time : 10-Jun-2023 09:02 | Sample Coll. By : | Ref Id1 : OSP30540 |
Report Date and Time : Normal | Ref Id2 : O23241842

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Glyco Hemoglobin			
HbA1C	5.79	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes
Haemogram (CBC)	-		
Platelet Count	108000	/µL	150000.00 - 410000.00
Lipid Profile			
HDL Cholesterol	45.5	mg/dL	48 - 77
Triglyceride	172.33	mg/dL	<150
LDL Cholesterol	105.85	mg/dL	65 - 100
Liver Function Test			
S.G.P.T.	14.71	U/L	16 - 63
was seems where there were the seems that there were the			AND

Abnormal Result(s) Summary End

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

Page 1 of 13





		LABORATORY I	REPORT			
Name : ROHIT KUMAR Ref.By : AASHKA HOSPITA Bill. Loc. : Aashka hospital	L		Sex/Age : Male Dis. At :	/ 32 Years		3060220020 0 2778699
Reg Date and Time : 10-J	un-2023 09:02	Sample Type	; Whole Blood B	DTA	Mobile No :	9871460094
Sample Date and Time : 10-J	un-2023 09:02	Sample Coll. By	:		Ref ld1	OSP30540
Report Date and Time : 10-J	un-2023 09:54	Acc. Remarks	: Normal		Ref Id2 :	O23241842
TEST	RESULTS	S UNIT	BIOLOGICA	AL REF. INTE	RVAL REMA	ARKS
		HAEMOGRA	M REPORT			
IB AND INDICES						
Haemoglobin	14.1	G%	13.00 - 17.0	00		
RBC (Electrical Impedance)	4.61	millions/cu	umm 4.50 - 5.50			
PCV(Calc)	42.46	%	40.00 - 50.0	00		
MCV (RBC histogram)	92.1	fL	83.00 - 101	.00		
MCH (Calc)	30.6	pg	27.00 - 32.0	00		
MCHC (Calc)	33.2	gm/dL	31.50 - 34.	50		
RDW (RBC histogram)	14.30	%	11.00 - 16.0	00		
OTAL AND DIFFERENTIAL WI						
Total WBC Count	5480	/µL	4000.00 - 1	0000.00		
Neutrophil	50.0	% 40.00	TED VALUES 0 - 70.00	[Abs] 2740	/µL 2000	TED VALUES .00 - 7000.00
Lymphocyte	39.0	% 20.00	0 - 40.00	2137	/µL 1000	.00 - 3000.00
Eosinophil	6.0	% 1.00	- 6.00	329	/µL 20.00	- 500.00
Monocytes	4.0	% 2.00	- 10.00	219	/µL 200.0	00 - 1000.00
Basophil	1.0	% 0.00	- 2.00	55	/µL 0.00	- 100.00
LATELET COUNT (Optical)						
Platelet Count	L 108000	/µL	150000.00	- 410000.00		
Neut/Lympho Ratio (NLR)	1.28		0.78 - 3.53			
MEAR STUDY						
RBC Morphology	Normocy	tic Normochromic	RBCs.			
WBC Morphology	Total WE	C count within nor	mal limits.			
Platelet	manually	hrombocytopenia Adv: Repeat with ical error.				
Parasite	Malarial I	Parasite not seen o	on smear.			
ote:(LL-VeryLow,L-Low,H-High,HH-Veryl	ligh ,A-Abnormal)					

Dr. Manoj Shah M.D. (Path. & Bact.) Dr. Shreya Shah M.D. (Pathologist) Page 2 of 13





l	LABORATORY REPORT					
		Sex/Age : Male	/ 32 Years	Case ID	30602200200	
		Dis. At :		Pt. ID	: 2778699	
				Pt. Loc	:	
·02	Sample Type	· Whole Blood FC)TA	Mobile No	· 9871460094	_

Sample Date and Time : 10-Jun-2023 09:02 | Sample Coll. By :

: 10-Jun-2023 09:02

Reg Date and Time

: ROHIT KUMAR Ref.By : AASHKA HOSPITAL Bill. Loc. ; Aashka hospital

Name

Ref Id1 Ref Id2 : OSP30540 : O23241842

Report Date and Time : 10-Jun-2023 09:54

Acc. Remarks

· Normal

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

Dr. Manoj Shah

M.D. (Path. & Bact.)

Dr. Shreya Shah

M.D. (Pathologist)

Page 3 of 13





06

LABORATORY REPORT : 30602200200 Name : ROHIT KUMAR Sex/Age : Male / 32 Years Case ID Ref.By : AASHKA HOSPITAL Dis. At : Pt. ID 2778699 Pt. Loc Bill. Loc. ; Aashka hospital Mobile No : 9871460094 Reg Date and Time : 10-Jun-2023 09:02 Sample Type : Whole Blood EDTA : OSP30540 Sample Date and Time : 10-Jun-2023 09:02 Sample Coll. By : Ref Id1 Acc. Remarks Normal Ref Id2 Report Date and Time : 10-Jun-2023 11:51 : O23241842 **RESULTS** UNIT **BIOLOGICAL REF RANGE** REMARKS **TEST**

mm after 1hr 3 - 15

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

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

ESR

Dr. Shreya Shah

M.D. (Pathologist)

Page 4 of 13





Name : ROHIT KUMAR Sex/Age : Male / 32 Years

Case ID

30602200200

Ref.By : AASHKA HOSPITAL

Dis. At :

Pt. ID Pt. Loc : 2778699

Bill. Loc. : Aashka hospital

: 10-Jun-2023 09:02

Sample Type : Whole Blood EDTA Mobile No : 9871460094

Sample Date and Time : 10-Jun-2023 09:02

Reg Date and Time

Sample Coll. By :

Ref Id1

: OSP30540

Report Date and Time : 10-Jun-2023 09:32 | Acc. Remarks

Normal

Ref Id2

: 023241842

TEST

RESULTS

UNIT

BIOLOGICAL REF RANGE

REMARKS

HAEMATOLOGY INVESTIGATIONS

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

ABO Type

Rh Type

POSITIVE

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

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

Dr. Shreya Shah M.D. (Pathologist)

Page 5 of 13





Name

: ROHIT KUMAR

Sex/Age : Male

/ 32 Years

Case ID

30602200200

Ref.By

: AASHKA HOSPITAL

Dis. At :

Pt. ID

: 2778699

Bill. Loc. ; Aashka hospital

Pt. Loc

Reg Date and Time

: 10-Jun-2023 09:02

Sample Type

Acc. Remarks

: Spot Urine

Normal

Mobile No : 9871460094 Ref Id1

: OSP30540

Report Date and Time

Sample Date and Time : 10-Jun-2023 09:02 : 10-Jun-2023 09:54 Sample Coll. By :

Ref Id2

: 023241842

TEST

RESULTS

UNIT

BIOLOGICAL REF RANGE REMARKS

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

pΗ

<5.5

5 - 8

Leucocytes (ESTERASE)

Negative

Negative

Protein

Negative

Negative

Glucose

Negative

Negative

Ketone Bodies Urine

Negative

Negative

Urobilinogen

Negative Negative Negative

Bilirubin

Negative

Blood

Negative

Negative

Nitrite

Negative

Negative

Flowcytometric Examination By Sysmex UF-5000

Nil

/HPF

Nil

Red Blood Cell

Nil

/HPF

Nil

Epithelial Cell

Present +

Leucocyte

/HPF

Present(+)

Bacteria

Crystals

Nil Nil /ul

Nil Nil

Yeast Cast

Nil Nil /ul /LPF

/HPF

Nil Nil

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

Dr. Manoj Shah

M.D. (Path. & Bact.)

Page 6 of 13



: ROHIT KUMAR Name

Sex/Age : Male / 32 Years

Case ID : 30602200200

Ref.By

: AASHKA HOSPITAL

Dis. At :

Pt. ID

: 2778699

Bill. Loc. ; Aashka hospital

: 10-Jun-2023 09:02 Sample Type : Spot Urine

Pt. Loc

Mobile No : 9871460094

Reg Date and Time

Sample Date and Time : 10-Jun-2023 09:02

Sample Coll. By

Ref Id1

: OSP30540

Report	Date	and	Time	:

10-Jun-2023 09:54

Acc. Remarks

Normal

Ref Id2 : 023241842

Parameter	Unit	Expected value		Resu	lt/Notation	15	10
		ш дал ал	Trace	+	++	+++	++++
pН	-	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				La constitution
2 x x goe co	E 2 2 2 2 2 2 2 2		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	Ψ,	_	-	-	-
Red blood cells(Microscopic)	/hpf	<2	-	-	-	1 - 12	-
Cast (Microscopic)	/lpf	<2	•	-	-	-	-

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

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

Page 7 of 13





	LABORATORY	REPORT			
	LABORATORT	INLI OINT			
Name : ROHIT KUMAR		Sex/Age :	Male / 32 Years	Case ID	: 30602200200
Ref.By : AASHKA HOSPITAL		Dis. At :		Pt. ID	: 2778699
Bill. Loc. ; Aashka hospital				Pt. Loc	:
Reg Date and Time : 10-Jun-2023	09:02 Sample Type		Fluoride F,Plasma PP,Serum	Mobile No	: 9871460094
Sample Date and Time : 10-Jun-2023	09:02 Sample Coll. By	<i>t</i> :		Ref Id1	: OSP30540
Report Date and Time · 10-Jun-2023 TEST	11:54 Acc. Remarks	· Normal UNIT	BIOLOGICAL REF	Ref Id2	· O23241842 REMARKS
Discourse Of the Control of the Cont					
Plasma Glucose - F Photometric, Hexokinase	99.37	mg/dL	70 - 100		
Plasma Glucose - PP Photometric, Hexokinase	123.63	mg/dL	70.0 - 140.0		
BUN (Blood Urea Nitrogen)	11.8	mg/dL	8.90 - 20.60		
Creatinine	0.81	mg/dL	0.50 - 1.50		
Uric Acid Uricase	5.21	mg/dL	3.5 - 7.2		

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

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

Dr. Shreya Shah M.D. (Pathologist) Page 8 of 13





Name

: ROHIT KUMAR

Sex/Age : Male / 32 Years

Case ID

30602200200

Ref.By : AASHKA HOSPITAL

Dis. At :

Pt. ID

2778699

Bill. Loc. ; Aashka hospital

Pt. Loc

Reg Date and Time

: 10-Jun-2023 09:02 | Sample Type

: Serum

Mobile No : 9871460094

: OSP30540

Report Date and Time : 10-Jun-2023 11:48 Acc. Remarks

Sample Date and Time : 10-Jun-2023 09:02

Sample Coll. By : · Normal

Ref Id1 Ref Id2

: O23241842

TEST

RESULTS

UNIT

BIOLOGICAL REF RANGE

REMARKS

BIOCHEMICAL INVESTIGATIONS

Linial Dungila

	Lipid Profile				
Cholesterol Colorimetric, CHOD-POD		185.82	mg/dL	110 - 200	
HDL Cholesterol	L	45.5	mg/dL	48 - 77	
Triglyceride Glycerol Phosphate Oxidase	Н	172.33	mg/dL	<150	
VLDL Calculated		34.47	mg/dL	10 - 40	
Chol/HDL Calculated		4.08		0 - 4.1	
LDL Cholesterol Calculated	Н	105.85	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 assesment
- 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 interpreation available from the lab
- LDL Cholesterol level is primary goal for treatment and varies with risk category and assessment

All tests are done according to NCEP guidelines and with FDA approved kits.

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

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

Dr. Shreya Shah

M.D. (Pathologist)

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	LABORATOR	Y REPORT	8		
Name : ROHIT KUMAR		Sex/Age	: Male / 32 Years	Case ID	: 30602200200
Ref.By : AASHKA HOSPITAL		Dis. At	:	Pt. ID	: 2778699
Bill. Loc. ; Aashka hospital				Pt. Loc	:
Reg Date and Time : 10-Jun-2023 09	:02 Sample Type	; Serum		Mobile No	: 9871460094
Sample Date and Time : 10-Jun-2023 09	:02 Sample Coll. E	Ву :		Ref ld1	: OSP30540
Report Date and Time : 10-Jun-2023 14	:02 Acc. Remarks	: Normal		Ref ld2	: O23241842
TEST	RESULTS	UNIT E	SIOLOGICAL REF RAN	NGE	REMARKS
	BIOCHEMICA	L INVEST	GATIONS		
	Liver I	Function T	est		
S.G.P.T. L	14.71	U/L	16 - 63		
S.G.O.T. UV with P5P	18.32	U/L	15 - 37		
Alkaline Phosphatase Enzymatic, PNPP-AMP	112.0	U/L	46 - 116		
Gamma Glutamyl Transferase L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate	27.94	U/L	0 - 55		
Proteins (Total) Colorimetric, Biuret	7.86	gm/dL	6.40 - 8.30		
Albumin Bromocresol purple	4.46	gm/dL	3.4 - 5		
Globulin Calculated	3.40	gm/dL	2 - 4.1		
A/G Ratio Calculated	1.3		1.0 - 2.1		
Bilirubin Total Photometry	0.66	mg/dL	0.3 - 1.2		
Bilirubin Conjugated Diazotization reaction	0.24	mg/dL	0 - 0.50		
Bilirubin Unconjugated Calculated	0.42	mg/dL	0 - 0.8		

 $\underline{\text{Note:}(\text{LL-VeryLow},\text{L-Low},\text{H-High},\text{HH-VeryHigh}} \quad , \text{A-Abnormal})$

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: ROHIT KUMAR Name

Sex/Age : Male / 32 Years

Case ID : 30602200200

Ref.By

: AASHKA HOSPITAL

Dis. At :

Normal

Pt. ID Pt. Loc : 2778699

Bill. Loc. : Aashka hospital

: 10-Jun-2023 09:02

Sample Type : Whole Blood EDTA Mobile No : 9871460094

Reg Date and Time

Ref Id1

Sample Date and Time : 10-Jun-2023 09:02 Report Date and Time : 10-Jun-2023 12:40 | Acc. Remarks

Sample Coll. By :

Ref Id2

· OSP30540 023241842

TEST

RESULTS

UNIT

BIOLOGICAL REF RANGE

REMARKS

Glycated Haemoglobin Estimation

HbA1C

H 5.79

% of total Hb <5.7: Normal

5.7-6.4: Prediabetes

>=6.5: Diabetes

Estimated Avg Glucose (3 Mths)

119.47

mg/dL

Please Note change in reference range as per ADA 2021 guidelines.

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)

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Dr. Shreya Shah

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	l	_ABORATORY	REPORT				
Name : ROHIT KUM	AR		Sex/Age	: Male /	32 Years	Case ID	: 30602200200
Ref.By ; AASHKA HO	SPITAL		Dis. At			Pt. ID	: 2778699
Bill. Loc. ; Aashka hosp	ital					Pt. Loc	:
Reg Date and Time	: 10-Jun-2023 09:02	Sample Type	; Serum			Mobile No	: 9871460094
Sample Date and Time	: 10-Jun-2023 09:02	Sample Coll. By	<i>i</i> :			Ref ld1	: OSP30540
Report Date and Time	: 10-Jun-2023 10:27	Acc. Remarks	: Normal			Ref Id2	: O23241842
TEST	RESU	LTS	UNIT	BIOLOG	SICAL REF	RANGE	REMARKS
Thyroid Function Test							
Triiodothyronine (T3)	98.01		ng/dL	70 - 204	1		
Thyroxine (T4)	5.9		ng/dL	4.87 - 1	1.72		
TSH CMIA INTERPRETATIONS	3.384		μIU/mL	0.4 - 4.2	2		

- 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 & incipent 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 supressed TSH level.

<u>CAUTIONS</u>

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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LABORATORY		
Name : ROHIT KUMAR	Sex/Age : Male / 32 Years	Case ID : 30602200200
Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 2778699
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 10-Jun-2023 09:02 Sample Type	: Serum	Mobile No : 9871460094
Sample Date and Time : 10-Jun-2023 09:02 Sample Coll. By	:	Ref ld1 : OSP30540
Report Date and Time : 10-Jun-2023 10:27 Acc. Remarks	: Normal	Ref ld2 : 023241842
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 hypothyroid 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 hormons vary according trimesper in pregnancy.

TSH ref range in Pregnacy

First triemester

Reference range (microIU/ml)

0.24 - 2.00

 First triemester
 0.24 - 2

 Second triemester
 0.43-2.2

 Third triemester
 0.8-2.5

	0.0-2.0		
	T 3	T4	ТЅН
Normal Thyroid function	N	N	N
Primary Hyperthyroidism	1	^	J
Secondary Hyperthyroidism	个	^	<u>^</u>
Grave's Thyroiditis	<u>*************************************</u>	^	<u>^</u>
[3 Thyrotoxicosis	^	N	NA
Primary Hypothyroidism	1	1	· ^
Secondary Hypothyroidism	Ţ	V	J.
Subclinical Hypothyroidism	N	N	**************************************
Patient on treatment	N	N/↑	<u> </u>

----- 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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