



**Health Check up Booking Confirmed Request(bobS46543),Package Code-  
PKG10000241, Beneficiary Code-70265**

1 message

Mediwheel <wellness@mediwheel.in>  
To: dakshmehul1988@gmail.com  
Cc: customercare@mediwheel.in

Tue, Sep 19, 2023 at 1:49 PM

**011-41195959**  
Email:wellness@mediwheel.in

Dear **Kumud Parmar,**

Please find the confirmation for following request.

**Booking Date** : 19-09-2023  
**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** : 23-09-2023  
**Confirmation Status** : Confirmed  
**Preferred Time** : 8:00am-8:30am  
**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.

प्रति,

समन्वयक,  
Mediwheel (Arcofemi Healthcare Limited)  
हेल्पलाइन नंबर: 011-41195959

महोदय/ महोदया,

विषय: बैंक ऑफ़ बड़ौदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी की पत्नी/पति जिनके विवरण निम्नानुसार हैं हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

स्वास्थ्य जांच लाभार्थी के विवरण	
नाम	KUMUDBEN MEHULBHAI PARMAR
जन्म की तारीख	15-12-1989
कर्मचारी की पत्नी/पति के स्वास्थ्य जांच की प्रस्तावित तारीख	23-09-2023
बुकिंग संदर्भ सं.	23S165176100069640S
पत्नी/पति के विवरण	
कर्मचारी का नाम	MR. PARMAR MEHUL AMRUTLAL
कर्मचारी की क.कू.संख्या	165176
कर्मचारी का पद	SINGLE WINDOW OPERATOR A
कर्मचारी के कार्य का स्थान	ANTARSUMA
कर्मचारी के जन्म की तारीख	01-03-1988

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ौदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक **19-09-2023** से **31-03-2024** तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के पत्नी/पति की स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनवॉइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

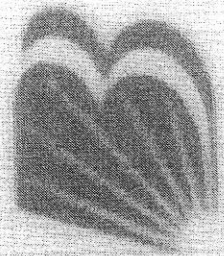
हस्ता/-

(मुख्य महाप्रबंधक)

मानव संसाधन प्रबंधन विभाग

बैंक ऑफ़ बड़ौदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए Mediwheel (Arcofemi Healthcare Limited) से संपर्क करें।)



बैंक ऑफ बरोडा

Bank of Baroda



नाम

परमार मेहुलकुमार अमृतलाल

Name

PARMAR MEHULKUMAR AMRUTLAL

कर्मचारी कट क.

E.C. No. 165176

*Parmar*

जारीकर्ता प्राधिकारी

Issuing Authority



*Parmar*

कार्य के प्रमाणित

Signature of Holder

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

<b>UHID:</b> 00923211	<b>Date:</b> 23/9/25.	<b>Time:</b> 2:30 PM
<b>Patient Name:</b> Kusumben Parwar.	<b>Height:</b>	<b>Weight:</b>
<b>Age / Sex:</b> 84yrs F. <b>LMP:</b>		
<b>History:</b>		
<b>C/O:</b>  NAD	<b>History:</b>  NAD	
<b>Allergy History:</b> NAD	<b>Addiction:</b> NAD	
<b>Nutritional Screening:</b> Well-Nourished / Malnourished / Obese		
<b>Vitals &amp; Examination:</b>		
<b>Temperature:</b> Normal		
<b>Pulse:</b> 80/minute		
<b>BP:</b> 120/82 mmHg		
<b>SPO2:</b> 98% on R		
<b>Provisional Diagnosis:</b>		


Advice:

obesity (+)

weight loss, ↓ 5-6 kg. cpm  
8-9 months

Rx

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

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

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

UHID: 00923211	Date: 23/09/25	Time: 1:15
Patient Name: Lakshmi Parmar	Age / Sex:	Height:
	Weight:	
History: Provoke eye chert.		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination: VA 6/6 5/6 2/6 Color vision - Normal		
Diagnosis: Normal		

Rx

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

Eye examination:

	RIGHT			LEFT		
	S	C	A	S	C	A
D						
N						

Other Advice:

Follow-up:

Consultant's Sign:



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

<b>UHD:</b> 00923211	<b>Date:</b> 22/9/23	<b>Time:</b>
<b>Patient Name:</b> Rymud ben	<b>Age/Sex:</b> 33/F	<b>Height:</b>
	<b>Weight:</b>	
<b>Chief Complain:</b>		
History: Routine dental check up		
<b>Allergy History:</b>		
<b>Nutritional Screening:</b> Well-Nourished / Malnourished / Obese		
<b>Examination:</b>		
<b>Extra oral :</b>		
<b>Intra oral – Teeth Present :</b>	— / 6 missing teeth	
<b>Teeth Absent :</b>	Curved teeth — 6 / 8	
<b>Diagnosis:</b>		



Rx

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

Other Advice:

Adv: - FPD 120 -

$\frac{765}{1}$

- CRIC 1411mg -

$\frac{6}{8}$

Follow-up:

Consultant's Sign:

*Levin*



Name: Cooravil Parvathi Age: 33 yrs

Complaints: 9% mucus

No of deliveries: 1 FTLBs / 02/15 yrs

Last Delivery: Hystereomy seen. (9) seen back

History of abortion: \_\_\_\_\_

H/O medical conditions associated:

Last abortions: 1 sp. ALN 3 yrs

DM	<input type="checkbox"/>
HTN	<input type="checkbox"/>
Thyroid	<input type="checkbox"/>

MH: \_\_\_\_\_ Reg: \_\_\_\_\_

LMP: post Hyst

P/A: obesity (P)

P/S: \_\_\_\_\_

P/V: vealt healthy 855 Fup 2021

Sample:-

Vagina  
Cervix

<input type="checkbox"/>
<input checked="" type="checkbox"/>

vealt

Doctors Sign:- \_\_\_\_\_

PA Parvathi

KUMUD BANI

50% Contrast 226 166 05

23.09.2023 11:31:51 AM  
AASHKA HOSPITAL LTD.  
SARGASAN  
GANDHINAGAR

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

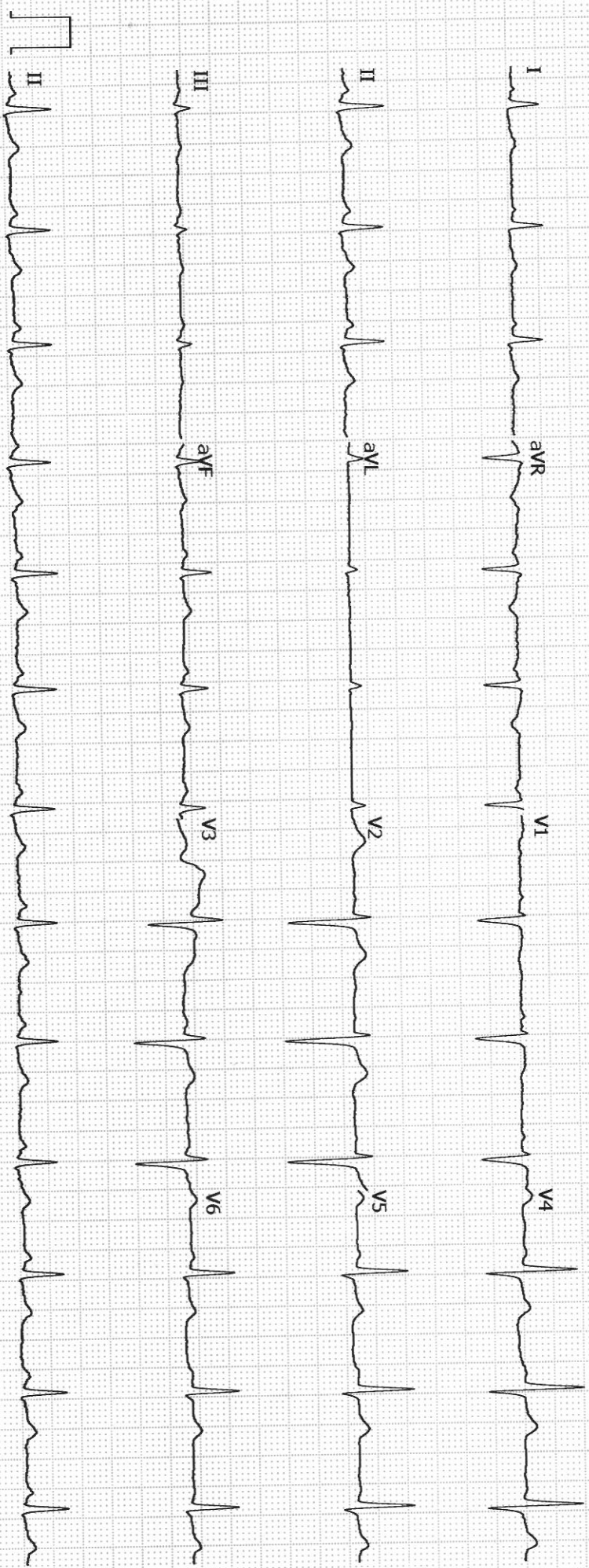
Room:

77 bpm  
-- / -- mmHg

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 92 ms  
QT / QTcBaz : 374 / 423 ms  
PR : 136 ms  
P : 110 ms  
RR / PP : 780 / 779 ms  
P / QRS / T : 60 / 42 / 53 degrees

Normal sinus rhythm  
Normal ECG



GE MAC2000 I.1 12SL™ V241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz

Unconfirmed  
4x2.5x3 25\_R1 1/1

**PATIENT NAME: KUMUDBEN MEHULKUMAR PARMAR**

**GENDER/AGE: Female / 33 Years**

**DATE: 23/09/23**

**DOCTOR:**

**OPDNO: 00923211**

## 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 4.3 cms in size.  
Left kidney measures about 10.1 x 4.2 cms in size.

No evidence of suprarenal mass lesion is seen on either side.

**Aorta, IVC and para aortic region** appears normal.  
No evidence of ascites is seen.

**BLADDER:** Bladder is normally distended and appears normal. No evidence of bladder calculus, diverticulum or mass lesion is seen. Prevoid bladder volume measures about 160 cc.

**UTERUS:** Uterus is anteverted and appears normal in size, shape and position. Endometrial and myometrial echoes appear normal. Endometrial thickness measures about 4.2 mm. No evidence of uterine mass lesion is seen.

Bilateral adnexa appears normal.

**OBESITY +++**

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

  
DR. SNEHAL PRAJAPATI

PATIENT NAME: KUMUDBEN MEHULKUMAR PARMAR

GENDER/AGE: Female / 33 Years

DATE: 23/09/23

DOCTOR: DR. HASIT JOSHI

OPDNO: O0923211

**2D-ECHO**

MITRAL VALVE	: MILD MVP	
AORTIC VALVE	: NORMAL	
TRICUSPID VALVE	: NORMAL	
PULMONARY VALVE	: NORMAL	
AORTA	: 29mm	
LEFT ATRIUM	: 35mm	
LV Dd / Ds	: 40/27mm	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	: 1/0.7m/s	
AORTIC	: 1.4m/s	
PULMONARY	: 1.0m/s	
COLOUR DOPPLER	: MILD MR/TR	
RVSP	: 28mmHg	
CONCLUSION	: MILD MVP / MILD MR; 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: KUMUDBEN MEHULKUMAR PARMAR**

**GENDER/AGE: Female / 33 Years**

**DATE: 23/09/23**

**DOCTOR:**

**OPDNO: 00923211**

**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**



## LABORATORY REPORT



Name : KUMUDBEN M PARMAR	Sex/Age : Female/ 34 Years	Case ID : 30902200788
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3000882
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 23-Sep-2023 08:48	Sample Type :	Mobile No :
Sample Date and Time : 23-Sep-2023 08:48	Sample Coll. By :	Ref Id1 : OO923211
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 : O23245191

### Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
<b>Blood Glucose Fasting &amp; Postprandial</b>			
Plasma Glucose - F	<b>108.53</b>	mg/dL	70 - 100
<b>Glyco Hemoglobin</b>			
HbA1C	<b>5.78</b>	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes
<b>Haemogram (CBC)</b>			
Haemoglobin	<b>11.3</b>	G%	12.0 - 15.0
PCV(Calc)	<b>35.56</b>	%	36.00 - 46.00
MCV (RBC histogram)	<b>77.3</b>	fL	83.00 - 101.00
MCH (Calc)	<b>24.5</b>	pg	27.00 - 32.00
<b>Lipid Profile</b>			
HDL Cholesterol	<b>37.0</b>	mg/dL	48 - 77
Chol/HDL	<b>4.70</b>		0 - 4.1
LDL Cholesterol	<b>109.74</b>	mg/dL	0.00 - 100.00
<b>Urine Examination</b>			
Blood	<b>Present(++)</b>		Negative
Uric Acid	<b>7.77</b>	mg/dL	2.6 - 6.2
Test Remark: Rechecked.			

### Abnormal Result(s) Summary End

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

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## LABORATORY REPORT



Name : KUMUDBEN M PARMAR	Sex/Age : Female/ 34 Years	Case ID : 30902200788
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3000882
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 23-Sep-2023 08:48	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 23-Sep-2023 08:48	Sample Coll. By :	Ref Id1 : OO923211
Report Date and Time : 23-Sep-2023 09:46	Acc. Remarks : Normal	Ref Id2 : O23245191

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

#### HB AND INDICES

Haemoglobin	L 11.3	G%	12.0 - 15.0
RBC (Electrical Impedance)	4.60	millions/cumm	3.80 - 4.80
PCV(Calc)	L 35.56	%	36.00 - 46.00
MCV (RBC histogram)	L 77.3	fL	83.00 - 101.00
MCH (Calc)	L 24.5	pg	27.00 - 32.00
MCHC (Calc)	31.8	gm/dL	31.50 - 34.50
RDW (RBC histogram)	14.30	%	11.00 - 16.00

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

Total WBC Count	5520	/μL	4000.00 - 10000.00
Neutrophil	[%] 63.0	%	EXPECTED VALUES 40.00 - 70.00 [Abs] 3478 /μL 2000.00 - 7000.00
Lymphocyte	30.0	%	20.00 - 40.00 1656 /μL 1000.00 - 3000.00
Eosinophil	1.0	%	1.00 - 6.00 55 /μL 20.00 - 500.00
Monocytes	6.0	%	2.00 - 10.00 331 /μL 200.00 - 1000.00
Basophil	0.0	%	0.00 - 2.00 0 /μL 0.00 - 100.00

#### PLATELET COUNT (Optical)

Platelet Count	247000	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	2.10		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)

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

Printed On : 23-Sep-2023 14:24





## LABORATORY REPORT



Name : <b>KUMUDBEN M PARMAR</b>	Sex/Age : <b>Female/ 34 Years</b>	Case ID : <b>30902200788</b>
Ref.By : <b>HOSPITAL</b>	Dis. At :	Pt. ID : <b>3000882</b>
Bill. Loc. : <b>Aashka hospital</b>		Pt. Loc :

Reg Date and Time : <b>23-Sep-2023 08:48</b>	Sample Type : <b>Whole Blood EDTA</b>	Mobile No :
Sample Date and Time : <b>23-Sep-2023 08:48</b>	Sample Coll. By :	Ref Id1 : <b>00923211</b>
Report Date and Time : <b>23-Sep-2023 10:49</b>	Acc. Remarks : <b>Normal</b>	Ref Id2 : <b>023245191</b>

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>ESR</b> <i>Westergren Method</i>	<b>18</b>			
		<b>mm after 1hr</b>	<b>3 - 20</b>	

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

*Shah*

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

**Dr. Shreya Shah**  
M.D. (Pathologist)

Printed On : 23-Sep-2023 14:24





## LABORATORY REPORT



Name : KUMUDBEN M PARMAR Sex/Age : Female/ 34 Years Case ID : 30902200788  
Ref.By : HOSPITAL Dis. At : Pt. ID : 3000882  
Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 23-Sep-2023 08:48	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 23-Sep-2023 08:48	Sample Coll. By :	Ref Id1 : OO923211
Report Date and Time : 23-Sep-2023 09:10	Acc. Remarks : Normal	Ref Id2 : O23245191

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)

**Dr. Shreya Shah**  
M.D. (Pathologist)

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

Printed On : 23-Sep-2023 14:24



## LABORATORY REPORT



Name : KUMUDBEN M PARMAR      Sex/Age : Female/ 34 Years      Case ID : 30902200788  
 Ref.By : HOSPITAL      Dis. At :      Pt. ID : 3000882  
 Bill. Loc. : Aashka hospital      Pt. Loc :

Reg Date and Time : 23-Sep-2023 08:48      Sample Type : Spot Urine      Mobile No :  
 Sample Date and Time : 23-Sep-2023 08:48      Sample Coll. By :      Ref Id1 : OO923211  
 Report Date and Time : 23-Sep-2023 10:48      Acc. Remarks : Normal      Ref Id2 : O23245191

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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### URINE EXAMINATION (STRIP METHOD AND FLOWCYTOMETRY)

Physical examination

Colour : Yellow

Transparency : Clear

Chemical Examination By Sysmex UC-3500

Sp.Gravity : 1.025      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 : Present(++)      Negative

Nitrite : Negative      Negative

Flowcytometric Examination By Sysmex UF-5000

Leucocyte : 1-2      /HPF      Nil

Red Blood Cell : 8-10      /HPF      Nil

Epithelial Cell : Present +      /HPF      Present(+)

Bacteria : Nil      /ul      Nil

Yeast : Nil      /ul      Nil

Cast : Nil      /LPF      Nil

Crystals : Nil      /HPF      Nil

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

Dr. Manoj Shah

M.D. (Path. & Bact.)

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## LABORATORY REPORT



Name : KUMUDBEN M PARMAR Sex/Age : Female/ 34 Years Case ID : 30902200788  
 Ref.By : HOSPITAL Dis. At : Pt. ID : 3000882  
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 23-Sep-2023 08:48 Sample Type : Spot Urine Mobile No :  
 Sample Date and Time : 23-Sep-2023 08:48 Sample Coll. By : Ref Id1 : OO923211  
 Report Date and Time : 23-Sep-2023 10:48 Acc. Remarks : Normal Ref Id2 : O23245191

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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## LABORATORY REPORT



Name : KUMUDBEN M PARMAR Sex/Age : Female/ 34 Years Case ID : 30902200788  
 Ref.By : HOSPITAL Dis. At : Pt. ID : 3000882  
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 23-Sep-2023 08:48 Sample Type : Plasma Fluoride F, Plasma Fluoride PP Mobile No :  
 Sample Date and Time : 23-Sep-2023 08:48 Sample Coll. By : Ref Id1 : OO923211  
 Report Date and Time : 23-Sep-2023 12:24 Acc. Remarks : Normal Ref Id2 : O23245191  
 TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

### BIOCHEMICAL INVESTIGATIONS

#### Blood Glucose Level (Fasting & Post Prandial)

<b>Plasma Glucose - F</b> <i>Photometric, Hexokinase</i>	H	<b>108.53</b>	mg/dL	70 - 100
<b>Plasma Glucose - PP</b> <i>Photometric, Hexokinase</i>		<b>121.28</b>	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)

*Shah*

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**Neuberg Supratech Reference Laboratories Private Limited**

“KEDAR” Opposite Krupa Petrol Pump, Near Parimal Garden, Ahmedabad - 380006

079-40408181 / 61618181 contact@supratechlabs.com www.neubergsupratech.com



## LABORATORY REPORT



Name : KUMUDBEN M PARMAR	Sex/Age : Female/ 34 Years	Case ID : 30902200788
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3000882
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 23-Sep-2023 08:48	Sample Type : Serum	Mobile No :
Sample Date and Time : 23-Sep-2023 08:48	Sample Coll. By :	Ref Id1 : OO923211
Report Date and Time : 23-Sep-2023 10:49	Acc. Remarks : Normal	Ref Id2 : O23245191

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

#### Lipid Profile

<b>Cholesterol</b> <i>Colorimetric, CHOD-POD</i>		<b>173.8</b>	mg/dL	110 - 200
<b>HDL Cholesterol</b>	L	<b>37.0</b>	mg/dL	48 - 77
<b>Triglyceride</b> <i>Glycerol Phosphate Oxidase</i>		<b>135.3</b>	mg/dL	<150
<b>VLDL</b> <i>Calculated</i>		<b>27.06</b>	mg/dL	10 - 40
<b>Chol/HDL</b> <i>Calculated</i>	H	<b>4.70</b>		0 - 4.1
<b>LDL Cholesterol</b> <i>Calculated</i>	H	<b>109.74</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 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 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-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

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## LABORATORY REPORT



Name : KUMUDBEN M PARMAR	Sex/Age : Female/ 34 Years	Case ID : 30902200788
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3000882
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 23-Sep-2023 08:48	Sample Type : Serum	Mobile No :
Sample Date and Time : 23-Sep-2023 08:48	Sample Coll. By :	Ref Id1 : OO923211
Report Date and Time : 23-Sep-2023 10:49	Acc. Remarks : Normal	Ref Id2 : O23245191

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

#### Liver Function Test

<b>S.G.P.T.</b> <i>UV with P5P</i>	26.4	U/L	14 - 59	
<b>S.G.O.T.</b> <i>UV with P5P</i>	22.5	U/L	15 - 37	
<b>Alkaline Phosphatase</b> <i>Enzymatic, PNPP-AMP</i>	87.98	U/L	46 - 116	
<b>Gamma Glutamyl Transferase</b> <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate</i>	30.5	U/L	0 - 38	
<b>Proteins (Total)</b> <i>Colorimetric, Biuret</i>	7.34	gm/dL	6.40 - 8.30	
<b>Albumin</b> <i>Bromocresol purple</i>	4.64	gm/dL	3.4 - 5	
<b>Globulin</b> <i>Calculated</i>	2.70	gm/dL	2 - 4.1	
<b>A/G Ratio</b> <i>Calculated</i>	1.7		1.0 - 2.1	
<b>Bilirubin Total</b> <i>Photometry</i>	0.30	mg/dL	0.3 - 1.2	
<b>Bilirubin Conjugated</b> <i>Diazotization reaction</i>	0.10	mg/dL	0 - 0.50	
<b>Bilirubin Unconjugated</b> <i>Calculated</i>	0.20	mg/dL	0 - 0.8	

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

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## LABORATORY REPORT



Name : **KUMUDBEN M PARMAR** Sex/Age : **Female/ 34 Years** Case ID : **30902200788**  
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **3000882**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 23-Sep-2023 08:48	Sample Type : Serum	Mobile No :
Sample Date and Time : 23-Sep-2023 08:48	Sample Coll. By :	Ref Id1 : OO923211
Report Date and Time : 23-Sep-2023 10:50	Acc. Remarks : Normal	Ref Id2 : O23245191

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>BUN (Blood Urea Nitrogen)</b> <i>GLDH</i>	<b>13.2</b>	mg/dL	7.00 - 18.70	
<b>Creatinine</b>	<b>0.92</b>	mg/dL	0.50 - 1.50	
<b>Uric Acid</b> <i>Uricase</i>	H <b>7.77</b>	mg/dL	2.6 - 6.2	Rechecked.

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

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## LABORATORY REPORT



Name : KUMUDBEN M PARMAR	Sex/Age : Female/ 34 Years	Case ID : 30902200788
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3000882
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 23-Sep-2023 08:48	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 23-Sep-2023 08:48	Sample Coll. By :	Ref Id1 : OO923211
Report Date and Time : 23-Sep-2023 09:46	Acc. Remarks : Normal	Ref Id2 : O23245191

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>Glycated Haemoglobin Estimation</b>				
HbA1C	H 5.78	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	119.19	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)

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## LABORATORY REPORT



Name : KUMUDBEN M PARMAR	Sex/Age : Female/ 34 Years	Case ID : 30902200788
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3000882
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 23-Sep-2023 08:48	Sample Type : Serum	Mobile No :
Sample Date and Time : 23-Sep-2023 08:48	Sample Coll. By :	Ref Id1 : OO923211
Report Date and Time : 23-Sep-2023 10:13	Acc. Remarks : Normal	Ref Id2 : O23245191

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>Thyroid Function Test</b>				
Triiodothyronine (T3)	118.45	ng/dL	70 - 204	
Thyroxine (T4) CMIA	9.61	ng/dL	4.87 - 11.72	
TSH CMIA	2.51	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  
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 REPORT



Name : KUMUDBEN M PARMAR	Sex/Age : Female/ 34 Years	Case ID : 30902200788
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3000882
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 23-Sep-2023 08:48	Sample Type : Serum	Mobile No :
Sample Date and Time : 23-Sep-2023 08:48	Sample Coll. By :	Ref Id1 : 00923211
Report Date and Time : 23-Sep-2023 10:13	Acc. Remarks : Normal	Ref Id2 : 023245191

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

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