

DR. PRAKASH D MAKWANA  
 M.D.  
 REG.NO.G-29078  
 MO.NO-9722116164

UHIP:		Date: 30/1/23	Time:
Patient Name: VIJAY		Height:	
Age / Sex: 46 Y 21 M	LMP:	Weight:	
History:		History:	
C/C/O:	- ROUTINE CHECKUP		
Allergy History: NICDA	Addiction: _____		
Nutritional Screening: Well-Nourished / Malnourished / Obese			
Vitals & Examination:			
Temperature: Afebrile			
Pulse: 76/min			
BP: 120/90 mm Hg			
SPO2: 99% on Room Air			
Provisional Diagnosis:			



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

<b>UHID:</b>	<b>Date:</b> 28/7/23	<b>Time:</b>
<b>Patient Name:</b> VITAY PRATHA SIMHA	<b>Age / Sex:</b> 46 (F)	<b>Height:</b>
	<b>Weight:</b>	
<b>History:</b> c/o Refuse chus nsh		
<b>Allergy History:</b>		
<b>Nutritional Screening:</b> Well-Nourished / Malnourished / Obese		
<b>Examination:</b> D.V. < 619 619 N.S. +1.00 Refuse chus nsh		
<b>Diagnosis:</b>		



DR.UNNATI SHAH  
B.D.S. (DENTAL SURGEON)  
REG. NO. A-7742  
MO.NO- 9904596691

UHID:	Date: 28/1/23	Time:
Patient Name: Vijay Pratap singh	Age / Sex: 46/m	Height:
		Weight:
History:		
Examination: - calculus + + - gingival recession 1/1		
Diagnosis:		

Treatment:

Scaling.

brush

**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:VIJAY PRATAP SINGH**

**GENDER/AGE:Male / 46 Years**

**DATE:28/01/23**

**DOCTOR:DR. J D PATEL**

**OPDNO:00123137**

**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. Tiny simple cysts are seen in inter polar region of left kidney.

Right kidney measures about 9.4 x 4.0 cms in size.

Left kidney measures about 9.6 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 190 cc.

**PROSTATE:** Prostate appears normal in size and shows normal parenchymal echoes. No evidence of pathological calcification or solid or cystic mass lesion is seen. Prostate volume measures about 16 cc.

**COMMENT:** Tiny simple cysts seen in inter polar region of left kidney.

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

  
**DR. SNEHAL PRAJAPATI**  
CONSULTANT RADIOLOGIST

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CIN: L85110GJ2012PLC072647



**PATIENT NAME:VIJAY PRATAP SINGH**

**GENDER/AGE:Male / 46 Years**

**DATE:28/01/23**

**DOCTOR:DR. J D PATEL**

**OPDNO:00123137**

**X-RAY CHEST PA**

Both lung fields show increased broncho-vascular markings.

**No evidence of collapse, consolidation, mediastinal lymph adenopathy, soft tissue infiltration or pleural effusion is seen.**

Both hilar shadows and C.P. angles are normal.

Heart shadow appears normal in size. Aorta appears normal.

Bony thorax and both domes of diaphragm appear normal.

No evidence of cervical rib is seen on either side.

**DR. SNEHAL PRAJAPATI  
CONSULTANT RADIOLOGIST**



PATIENT NAME:VIJAY PRATAP SINGH

GENDER/AGE:Male / 46 Years

DATE:28/01/23

DOCTOR:DR.HASIT JOSHI

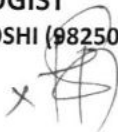
OPDNO:00123137

**2D-ECHO**

MITRAL VALVE	: NORMAL	
AORTIC VALVE	: NORMAL	
TRICUSPID VALVE	: NORMAL	
PULMONARY VALVE	: NORMAL	
AORTA	: 31mm	
LEFT ATRIUM	: 31mm	
LV Dd / Ds	: 39/24mm	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	: 0.9/0.7m/s	
AORTIC	: 1.2m/s	
PULMONARY	: 0.9m/s	
COLOUR DOPPLER	: TRIVIAL MR/TR	
RVSP	:	
CONCLUSION	: <u>NORMAL LV SIZE / SYSTOLIC FUNCTION.</u>	

CARDIOLOGIST

DR.HASIT JOSHI (9825012235)





## LABORATORY REPORT



Name : VIJAY PRATAP SINGH	Sex/Age : Male / 47 Years	Case ID : 30102200851
Ref.By : HOSPITAL HEALTH CHECKUP	Dis. At :	Pt. ID : 2528329
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 28-Jan-2023 17:30	Sample Type :	Mobile No :
Sample Date and Time : 28-Jan-2023 17:30	Sample Coll. By :	Ref Id1 : O0123137
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 : O22238527

### Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
<b>Haemogram (CBC)</b>			
MCH (Calc)	33.2	pg	27.00 - 32.00
Eosinophil	10.0	%	1.00 - 6.00
Eosinophil	684	/ $\mu$ L	20.00 - 500.00
<b>Lipid Profile</b>			
HDL Cholesterol	39.2	mg/dL	48 - 77
Chol/HDL	4.57		0 - 4.1
LDL Cholesterol	106.53	mg/dL	65 - 100
<b>Liver Function Test</b>			
S.G.P.T.	41.86	U/L	0 - 41
<b>Stool Examination</b>			
Consistency	Solid		
Plasma Glucose - F	116.24	mg/dL	70.0 - 100

Abnormal Result(s) Summary End

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

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**Neuberg Supratech Reference Laboratories Private Limited**

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

Phone : 079-40408181 / 61618181 | Email : contact@supratechlabs.com | Website : www.neubergsupratech.com



## LABORATORY REPORT



Name : VIJAY PRATAP SINGH Sex/Age : Male / 47 Years Case ID : 30102200851  
 Ref.By : HOSPITAL HEALTH CHECKUP Dis. At : Pt. ID : 2528329  
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 28-Jan-2023 17:30	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 28-Jan-2023 17:30	Sample Coll. By :	Ref Id1 : O0123137
Report Date and Time : 28-Jan-2023 18:17	Acc. Remarks : Normal	Ref Id2 : O22238527

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

#### HB AND INDICES

Haemoglobin (Colorimetric)	15.0	G%	13.00 - 17.00
RBC (Electrical Impedance)	4.52	millions/cumm	4.50 - 5.50
PCV(Calc)	45.02	%	40.00 - 50.00
MCV (RBC histogram)	99.6	fL	83.00 - 101.00
MCH (Calc)	H 33.2	pg	27.00 - 32.00
MCHC (Calc)	33.3	gm/dL	31.50 - 34.50
RDW (RBC histogram)	14.90	%	11.00 - 16.00

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

Total WBC Count	6840	/μL	4000.00 - 10000.00
Neutrophil	[ % ] 61.0	%	EXPECTED VALUES 40.00 - 70.00
Lymphocyte	23.0	%	20.00 - 40.00
Eosinophil	H 10.0	%	1.00 - 6.00
Monocytes	6.0	%	2.00 - 10.00
Basophil	0.0	%	0.00 - 2.00
			[ Abs ] 4172
			EXPECTED VALUES /μL 2000.00 - 7000.00
			1573
			/μL 1000.00 - 3000.00
			H 684
			/μL 20.00 - 500.00
			410
			/μL 200.00 - 1000.00
			0
			/μL 0.00 - 100.00

#### PLATELET COUNT (Optical)

Platelet Count	180000	/μL	150000.00 - 410000.00
Neutrophil to Lymphocyte Ratio (NLR)	2.65		0.78 - 3.53

#### SMEAR STUDY

RBC Morphology : Normocytic Normochromic RBCs.  
 WBC Morphology : Eosinophilia  
 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.)

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Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 28-Jan-2023 17:30	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 28-Jan-2023 17:30	Sample Coll. By :	Ref Id1 : 00123137
Report Date and Time : 28-Jan-2023 18:17	Acc. Remarks : Normal	Ref Id2 : 022238527

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

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M.D. (Pathologist)

**Dr. Manoj Shah**  
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LABORATORY REPORT



Name : VIJAY PRATAP SINGH      Sex/Age : Male / 47 Years      Case ID : 30102200851  
 Ref.By : HOSPITAL HEALTH CHECKUP      Dis. At :      Pt. ID : 2528329  
 Bill. Loc. : Aashka hospital      Pt. Loc :

Reg Date and Time : 28-Jan-2023 17:30	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 28-Jan-2023 17:30	Sample Coll. By :	Ref Id1 : 00123137
Report Date and Time : 28-Jan-2023 20:03	Acc. Remarks : Normal	Ref Id2 : 022238527

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR	04	mm after 1hr	3 - 15	

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

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## LABORATORY REPORT



Name : VIJAY PRATAP SINGH	Sex/Age : Male / 47 Years	Case ID : 30102200851
Ref.By : HOSPITAL HEALTH CHECKUP	Dis. At :	Pt. ID : 2528329
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 28-Jan-2023 17:30	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 28-Jan-2023 17:30	Sample Coll. By :	Ref Id1 : O0123137
Report Date and Time : 28-Jan-2023 17:50	Acc. Remarks : Normal	Ref Id2 : O22238527

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	AB
Rh Type	POSITIVE

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

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LABORATORY REPORT



Name : **VIJAY PRATAP SINGH** Sex/Age : **Male / 47 Years** Case ID : **30102200851**  
 Ref.By : **HOSPITAL HEALTH CHECKUP** Dis. At : Pt. ID : **2528329**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 28-Jan-2023 17:30	Sample Type : Stool	Mobile No :
Sample Date and Time : 28-Jan-2023 17:30	Sample Coll. By :	Ref Id1 : 00123137
Report Date and Time : 29-Jan-2023 09:28	Acc. Remarks : Normal	Ref Id2 : 022238527

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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**Clinical Pathology**  
**STOOL EXAMINATION**

Physical Examination

Colour Stool	Brownish		
Consistency	Solid		
Blood	Absent		Absent
Mucous	Absent		Absent
Parasites	Not Detected		Absent
Reaction	Acidic		

Microscopic Examination

Pus Cells	Not Detected	/HPF	Absent
Red Cells	Not Detected	/HPF	Absent
Macrophages	Not detected		Absent
Epithelial Cells	Not Detected	/HPF	
Starch Granules	Absent		
Neutral Fat	Absent		
Yeast	Not Detected		Absent

By Direct Saline and Iodine wet mount

Trophozoites	Not Detected		Absent
Ova	Not Detected		Absent
Cysts	Not Detected		Absent

Chemical Test

Occult Blood <i>Biochemical</i>	Negative		Negative
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## LABORATORY REPORT



Name : VIJAY PRATAP SINGH	Sex/Age : Male / 47 Years	Case ID : 30102200851
Ref.By : HOSPITAL HEALTH CHECKUP	Dis. At :	Pt. ID : 2528329
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 28-Jan-2023 17:30	Sample Type : Spot Urine	Mobile No :
Sample Date and Time : 28-Jan-2023 17:30	Sample Coll. By :	Ref Id1 : 00123137
Report Date and Time : 28-Jan-2023 18:18	Acc. Remarks : Normal	Ref Id2 : 022238527

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	7.00		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	/ul	Nil
Yeast	Nil	/ul	Nil
Cast	Nil	/LPF	Nil
Crystals	Nil	/HPF	Nil

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## LABORATORY REPORT



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 Ref.By : **HOSPITAL HEALTH CHECKUP** Dis. At : Pt. ID : **2528329**  
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : 28-Jan-2023 17:30 Sample Type : Spot Urine Mobile No :  
 Sample Date and Time : 28-Jan-2023 17:30 Sample Coll. By : Ref Id1 : O0123137  
 Report Date and Time : 28-Jan-2023 18:18 Acc. Remarks : Normal Ref Id2 : O22238527

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



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 Ref.By : HOSPITAL HEALTH CHECKUP      Dis. At :      Pt. ID : 2528329  
 Bill. Loc. : Aashka hospital      Pt. Loc :

Reg Date and Time : 28-Jan-2023 17:30      Sample Type : Plasma Fluoride F, Plasma Fluoride PP, Serum      Mobile No :  
 Sample Date and Time : 28-Jan-2023 17:30      Sample Coll. By :      Ref Id1 : 00123137  
 Report Date and Time : 28-Jan-2023 18:33      Acc. Remarks : Normal      Ref Id2 : 022238527  
**TEST      RESULTS      UNIT      BIOLOGICAL REF RANGE      REMARKS**

Plasma Glucose - F	H	116.24	mg/dL	70.0 - 100
Plasma Glucose - PP		109.39	mg/dL	70.0 - 140.0
Creatinine		1.09	mg/dL	0.50 - 1.50
Uric Acid		5.22	mg/dL	3.5 - 7.2

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## LABORATORY REPORT



Name : VIJAY PRATAP SINGH	Sex/Age : Male / 47 Years	Case ID : 30102200851
Ref.By : HOSPITAL HEALTH CHECKUP	Dis. At :	Pt. ID : 2528329
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 28-Jan-2023 17:30	Sample Type : Serum	Mobile No :
Sample Date and Time : 28-Jan-2023 17:30	Sample Coll. By :	Ref Id1 : 00123137
Report Date and Time : 29-Jan-2023 09:59	Acc. Remarks : Normal	Ref Id2 : 022238527

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

#### Lipid Profile

<b>Cholesterol</b>		<b>179.17</b>	mg/dL	110 - 200
<b>HDL Cholesterol</b>	L	<b>39.2</b>	mg/dL	48 - 77
<b>Triglyceride</b>		<b>167.18</b>	mg/dL	40 - 200
<b>VLDL</b> <i>Calculated</i>		<b>33.44</b>	mg/dL	10 - 40
<b>Chol/HDL</b> <i>Calculated</i>	H	<b>4.57</b>		0 - 4.1
<b>LDL Cholesterol</b> <i>Calculated</i>	H	<b>106.53</b>	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 assesment from HDL and Triglyceride has been revised. Also LDL goals have changed.
- Detail test interpreation 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

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Ref.By : HOSPITAL HEALTH CHECKUP	Dis. At :	Pt. ID : 2528329
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 28-Jan-2023 17:30	Sample Type : Serum	Mobile No :
Sample Date and Time : 28-Jan-2023 17:30	Sample Coll. By :	Ref Id1 : 00123137
Report Date and Time : 28-Jan-2023 18:33	Acc. Remarks : Normal	Ref Id2 : 022238527

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

#### Liver Function Test

S.G.P.T.	H 41.86	U/L	0 - 41	
S.G.O.T.	29.42	U/L	15 - 37	
Alkaline Phosphatase	75.29	U/L	40 - 130	
Gamma Glutamyl Transferase	19.74	U/L	8 - 61	
Proteins (Total)	7.85	gm/dL	6.4 - 8.2	
Albumin	4.76	gm/dL	3.4 - 5	
Globulin <i>Calculated</i>	3.09	gm/dL	2 - 4.1	
A/G Ratio <i>Calculated</i>	1.5		1.0 - 2.1	
Bilirubin Total	0.39	mg/dL	0.2 - 1.0	
Bilirubin Conjugated	0.21	mg/dL		
Bilirubin Unconjugated <i>Calculated</i>	0.18	mg/dL	0 - 0.8	

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LABORATORY REPORT



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Ref.By : <b>HOSPITAL HEALTH CHECKUP</b>	Dis. At :	Pt. ID : <b>2528329</b>
Bill. Loc. : <b>Aashka hospital</b>		Pt. Loc. :

Reg Date and Time : <b>28-Jan-2023 17:30</b>	Sample Type : <b>Whole Blood EDTA</b>	Mobile No :
Sample Date and Time : <b>28-Jan-2023 17:30</b>	Sample Coll. By :	Ref Id1 : <b>00123137</b>
Report Date and Time : <b>28-Jan-2023 18:11</b>	Acc. Remarks : <b>Normal</b>	Ref Id2 : <b>022238527</b>

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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**Glycated Haemoglobin Estimation**

<b>HbA1C</b>	<b>5.49</b>		% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes
<b>Estimated Avg Glucose (3 Mths)</b> <i>Calculated</i>	<b>110.86</b>		mg/dL	

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)

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

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LABORATORY REPORT



Name : VIJAY PRATAP SINGH	Sex/Age : Male / 47 Years	Case ID : 30102200851
Ref.By : HOSPITAL HEALTH CHECKUP	Dis. At :	Pt. ID : 2528329
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 28-Jan-2023 17:30	Sample Type : Serum	Mobile No :
Sample Date and Time : 28-Jan-2023 17:30	Sample Coll. By :	Ref Id1 : 00123137
Report Date and Time : 28-Jan-2023 18:33	Acc. Remarks : Normal	Ref Id2 : 022238527

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

<b>Proteins (Total)</b>	<b>7.85</b>	gm/dL	6.4 - 8.2	
<b>Albumin</b>	<b>4.76</b>	gm/dL	3.4 - 5	
<b>Globulin</b> <i>Calculated</i>	<b>3.09</b>	gm/dL	2 - 4.1	
<b>A/G Ratio</b> <i>Calculated</i>	<b>1.5</b>		1.0 - 2.1	

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## LABORATORY REPORT



Name : **VIJAY PRATAP SINGH** Sex/Age : **Male / 47 Years** Case ID : **30102200851**  
 Ref.By : **HOSPITAL HEALTH CHECKUP** Dis. At : Pt. ID : **2528329**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 28-Jan-2023 17:30	Sample Type : Serum	Mobile No :
Sample Date and Time : 28-Jan-2023 17:30	Sample Coll. By :	Ref Id1 : O0123137
Report Date and Time : 28-Jan-2023 19:20	Acc. Remarks : Normal	Ref Id2 : O22238527

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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### Thyroid Function Test

Triiodothyronine (T3)	<b>105.14</b>	ng/dL	70 - 204	
Thyroxine (T4) <small>CMIA</small>	<b>6.4</b>	ng/dL	4.6 - 10.5	
TSH <small>CMIA</small>	<b>3.442</b>	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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**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/↑	↓

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## LABORATORY REPORT



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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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<b>Prostate Specific Antigen</b> <small>CMIA</small>	<b>0.6970</b>	ng/mL	0.00 - 4.00	
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**INTERPRETATIONS:**

Useful for Evaluating patients with documented prostate problems in whom multiple prostate-specific antigen tests may be necessary per year. Monitoring patients with a history of prostate cancer as an early indicator of recurrence and response to treatment. Prostate-specific antigen (PSA) values are reported with the 95th percentile limits by decade of age. These reference limits include men with benign prostatic hyperplasia. They exclude all cases with proven cancer. PSA values exceeding the age-specific limits are suspicious for prostate disease, but further testing, such as prostate biopsy, is needed to diagnose prostate pathology. Values >0.2 ng/mL are considered evidence of biochemical recurrence of cancer in men after prostatectomy

**CAUTIONS:**

Serum markers are not specific for malignancy, and values may vary by method. When age is not supplied, the results cannot be flagged as high or low. Digital rectal examination generally does not increase normal prostate-specific antigen (PSA) values. However, cystoscopy, urethral instrumentation, and prostate biopsy may increase PSA levels. 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

- If total PSA is above cut off value (between 4 to 20 ng/ml) free PSA should be advised to differentiate benign prostatic hyperplasia from prostatic malignancy.
- Free PSA levels above 20 to 25 % of total PSA are more likely to be associated with BPH.
- Prostate biopsy is required for the diagnosis of cancer. **Tumor marker results obtained can vary due to differences in assay methods and reagent specificity. Patient results determined by assays using different manufacturers for methods may not be comparable.**

**RELATIONSHIP BETWEEN PROBABILITY OF PROSTATE MALIGNANCY & FREE PSA% TO TOTAL PSA**

..... Free PSA % to total PSA	0-10%	10-15%	15-20%	20-25%	>25%.
fr Probability of malignancy	56%.	28%	20%	16%	8%

**DILUTION PROTOCOL:**

At our lab with kit, manual dilution protocol has been validated for PSA up to 1:20 dilution and result up to 2000 NG/ML. After above dilution, it will be done manually and because of Ag-Ab reaction curve it may be erroneous if diluted after validated dilution.  
 \* Test results, interpretation & notes are meant for Medical Personal only.

----- End Of Report -----

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

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## LABORATORY REPORT



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# 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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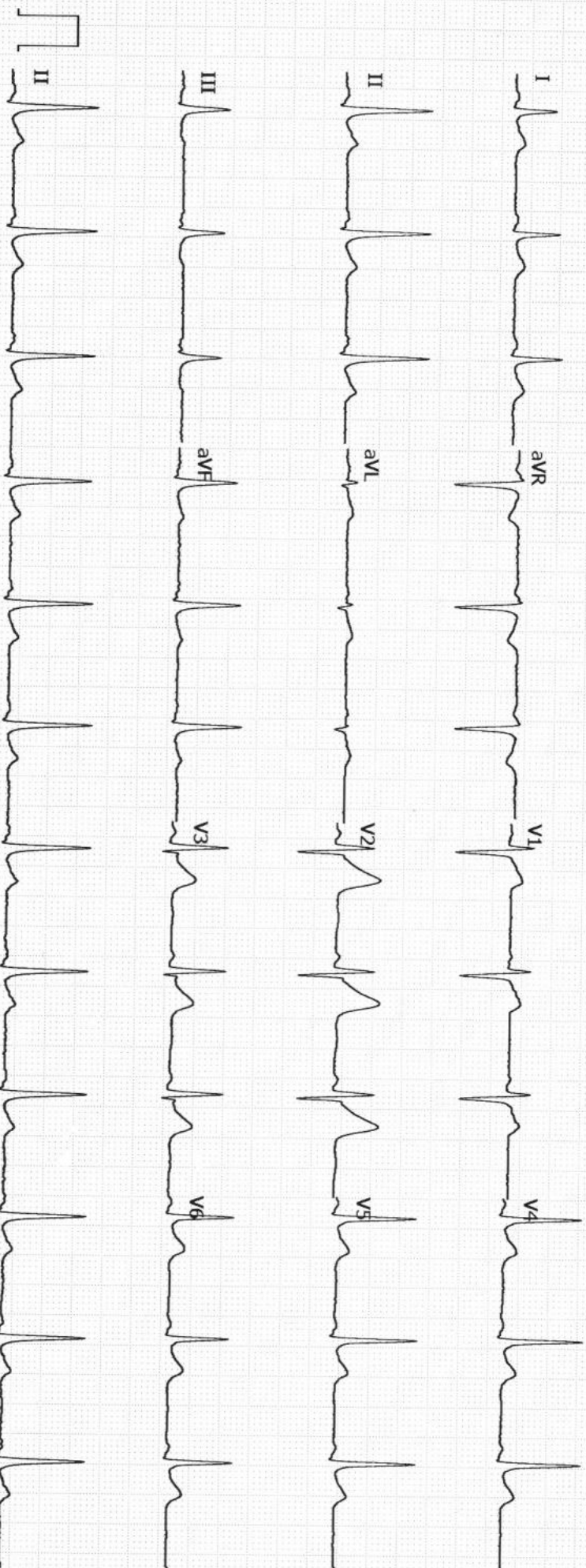
**Neuberg Supratech Reference Laboratories Private Limited**

"KEDAR" Opposite Krupa Petrol Pump, Near Parimal Garden, Ahmedabad - 380006 | Phone : 079-40408181 / 61618181  
Email : contact@supratechlabs.com | Website : www.supratechlabs.com | CIN : U85195GJ2013PTC077365,2013-14

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 82 ms  
QT / QTcBaz : 342 / 376 ms  
PR : 114 ms  
P : 88 ms  
RR / PP : 822 / 821 ms  
P / QRS / T : 17 / 57 / 32 degrees

Normal sinus rhythm  
Normal ECG



GE MAC2000

1.1

12SL™ V241

25 mm/s

10 mm/mV

ADS

0.5s-20 Hz

50 Hz

Unconfirmed

4x2.5x3\_25\_R1

1/1



LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,  
Mediwheel (Arcofemi Healthcare Limited)  
Helpline number: 011- 41195959

Dear Sir / Madam,

**Sub: Annual Health Checkup for the employees of Bank of Baroda**

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MR. SINGH VIJAY PRATAP
EC NO.	66235
DESIGNATION	FOREX BACK OFFICE
PLACE OF WORK	GANDHINAGAR,GIFT CITY,NATIONAL
BIRTHDATE	15-07-1976
PROPOSED DATE OF HEALTH CHECKUP	28-01-2023
BOOKING REFERENCE NO.	22M66235100034940E

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **26-12-2022** till **31-03-2023** The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

**Chief General Manager**  
**HRM Department**  
**Bank of Baroda**

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))