

Mediwheel Yesterday  
to me, customercare ✓



Mediwheel  
Wellness & Healthcare



011-41195959

Email:wellness@mediwheel.in

Dear MRS. KUMAR MONICA,

Please find the confirmation for following request.

**Booking Date** : 04-03-2023  
**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** : 17-03-2023  
**Confirmation Status** : Confirmed  
**Preferred Time** : 8:00am-8:30am  
**Comment** : APPOINTMENT TIME 8:30AM

**Instructions to undergo Health Check:**

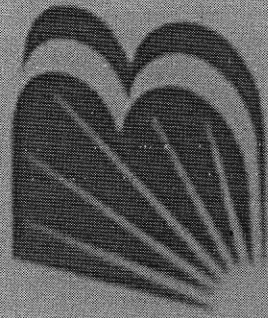
1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
3. Bring urine sample in a container if possible (containers are available at the 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.




बैंक ऑफ़ बड़ोदा  
Bank of Baroda

नाम : मोनिका कुमार

Name : MONIKA KUMAR

कर्मचारी कूट क्र 177184

E.C. No.

  
प्रोत्पादक प्राधिकारी

Issuing Authority



Monika Kumar

धारक का हस्ताक्षर

Signature of Holder

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

 **aashka**  
HOSPITAL



Monika

Age - 31/F

Date 17/3/23

c/o Company Health check.

uv 6/24

6/24

uv glass

uv 6/6

6/6

Go! Colors vision test - Normal

③ <sup>ALU</sup> Use glasses.

**Aashka Hospitals Ltd.**

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CIN: L85110GJ2012PLC072647



**PATIENT NAME: MONIKA KUMAR**

**GENDER/AGE: Female / 31 Years**

**DATE: 17/03/23**

**DOCTOR:**

**OPDNO: OSP30071**

**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 10.2 x 4.2 cms in size.

Left kidney measures about 10.3 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 176 cc.

**UTERUS:** Uterus is anteverted and appears normal in size, shape and position. Endometrial and myometrial echoes appear normal. Endometrial thickness measures about 4.9 mm. No evidence of uterine mass lesion is seen.

Bilateral adnexa appear normal.

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

  
**DR. SNEHAL PRAJAPATI**  
CONSULTANT RADIOLOGIST

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CIN: L85110GJ2012PLC072647



**PATIENT NAME: MONIKA KUMAR**

**DATE: 17/03/23**

**GENDER/AGE: Female / 31 Years**

**DOCTOR:**

**OPDNO: OSP30071**

**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 : <b>MONIKA KUMAR</b>	Sex/Age : <b>Female/ 31 Years</b>	Case ID : <b>30302200424</b>
Ref.By : <b>HOSPITAL</b>	Dis. At :	Pt. ID : <b>2620706</b>
Bill. Loc. : <b>Aashka hospital</b>		Pt. Loc :
Reg Date and Time : <b>17-Mar-2023 08:50</b>	Sample Type :	Mobile No :
Sample Date and Time : <b>17-Mar-2023 08:50</b>	Sample Coll. By :	Ref Id1 : <b>OSP30071</b>
Report Date and Time :	Acc. Remarks : <b>Normal</b>	Ref Id2 : <b>O22239860</b>

### Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
<b>Blood Glucose Fasting &amp; Postprandial</b>			
Plasma Glucose - F	<b>103.53</b>	mg/dL	70.0 - 100
<b>Haemogram (CBC)</b>			
Haemoglobin (Colorimetric)	<b>10.8</b>	G%	12.00 - 15.00
RBC (Electrical Impedance)	<b>3.67</b>	millions/cu mm	3.80 - 4.80
PCV(Calc)	<b>33.40</b>	%	36.00 - 46.00
<b>Lipid Profile</b>			
Cholesterol	<b>93.53</b>	mg/dL	110 - 200
HDL Cholesterol	<b>45.5</b>	mg/dL	48 - 77
LDL Cholesterol	<b>37.64</b>	mg/dL	65 - 100
<b>Urine Examination</b>			
Blood	<b>Present (+)</b>		Negative
Red Blood Cell	<b>5-6</b>	/HPF	Nil

**Abnormal Result(s) Summary End**

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

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## LABORATORY REPORT



Name : <b>MONIKA KUMAR</b>	Sex/Age : <b>Female/ 31 Years</b>	Case ID : <b>30302200424</b>
Ref.By : <b>HOSPITAL</b>	Dis. At :	Pt. ID : <b>2620706</b>
Bill. Loc. : <b>Aashka hospital</b>		Pt. Loc :
Reg Date and Time : <b>17-Mar-2023 08:50</b>	Sample Type : <b>Whole Blood EDTA</b>	Mobile No :
Sample Date and Time : <b>17-Mar-2023 08:50</b>	Sample Coll. By :	Ref Id1 : <b>OSP30071</b>
Report Date and Time : <b>17-Mar-2023 09:20</b>	Acc. Remarks : <b>Normal</b>	Ref Id2 : <b>O22239860</b>

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

#### HB AND INDICES

Haemoglobin (Colorimetric)	L	10.8	G%	12.00 - 15.00
RBC (Electrical Impedance)	L	3.67	millions/cumm	3.80 - 4.80
PCV(Calc)	L	33.40	%	36.00 - 46.00
MCV (RBC histogram)		91.0	fL	83.00 - 101.00
MCH (Calc)		29.4	pg	27.00 - 32.00
MCHC (Calc)		32.3	gm/dL	31.50 - 34.50
RDW (RBC histogram)		15.90	%	11.00 - 16.00

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

Total WBC Count		UNIT	EXPECTED VALUES	[Abs]	EXPECTED VALUES
Total WBC Count	5070	/μL	4000.00 - 10000.00	3143	/μL 2000.00 - 7000.00
Neutrophil	62.0	%	40.00 - 70.00	1521	/μL 1000.00 - 3000.00
Lymphocyte	30.0	%	20.00 - 40.00	101	/μL 20.00 - 500.00
Eosinophil	2.0	%	1.00 - 6.00	254	/μL 200.00 - 1000.00
Monocytes	5.0	%	2.00 - 10.00	51	/μL 0.00 - 100.00
Basophil	1.0	%	0.00 - 2.00		

#### PLATELET COUNT (Optical)

Platelet Count	166000	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	2.07		0.78 - 3.53

#### SMEAR STUDY

RBC Morphology	Normocytic Normochromic anemia.
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)

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*Shah*

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

Dr. Shreya Shah  
M.D. (Pathologist)

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## LABORATORY REPORT



Name : <b>MONIKA KUMAR</b>	Sex/Age : <b>Female/ 31 Years</b>	Case ID : <b>30302200424</b>
Ref.By : <b>HOSPITAL</b>	Dis. At :	Pt. ID : <b>2620706</b>
Bill. Loc. : <b>Aashka hospital</b>		Pt. Loc :
Reg Date and Time : <b>17-Mar-2023 08:50</b>	Sample Type : <b>Whole Blood EDTA</b>	Mobile No :
Sample Date and Time : <b>17-Mar-2023 08:50</b>	Sample Coll. By :	Ref Id1 : <b>OSP30071</b>
Report Date and Time : <b>17-Mar-2023 10:24</b>	Acc. Remarks : <b>Normal</b>	Ref Id2 : <b>O22239860</b>

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR	04	mm after 1hr	3 - 20	

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

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

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

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## LABORATORY REPORT



Name : <b>MONIKA KUMAR</b>	Sex/Age : <b>Female/ 31 Years</b>	Case ID : <b>30302200424</b>
Ref.By : <b>HOSPITAL</b>	Dis. At :	Pt. ID : <b>2620706</b>
Bill. Loc. : <b>Aashka hospital</b>		Pt. Loc :
Reg Date and Time : <b>17-Mar-2023 08:50</b>	Sample Type : <b>Whole Blood EDTA</b>	Mobile No :
Sample Date and Time : <b>17-Mar-2023 08:50</b>	Sample Coll. By :	Ref Id1 : <b>OSP30071</b>
Report Date and Time : <b>17-Mar-2023 09:03</b>	Acc. Remarks : <b>Normal</b>	Ref Id2 : <b>O22239860</b>

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	<b>O</b>
Rh Type	<b>POSITIVE</b>

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 : <b>MONIKA KUMAR</b>	Sex/Age : <b>Female/ 31 Years</b>	Case ID : <b>30302200424</b>
Ref.By : <b>HOSPITAL</b>	Dis. At :	Pt. ID : <b>2620706</b>
Bill. Loc. : <b>Aashka hospital</b>		Pt. Loc :
Reg Date and Time : <b>17-Mar-2023 08:50</b>	Sample Type : <b>Spot Urine</b>	Mobile No :
Sample Date and Time : <b>17-Mar-2023 08:50</b>	Sample Coll. By :	Ref Id1 : <b>OSP30071</b>
Report Date and Time : <b>17-Mar-2023 09:20</b>	Acc. Remarks : <b>Normal</b>	Ref Id2 : <b>O22239860</b>

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>URINE EXAMINATION (STRIP METHOD AND FLOWCYTOMETRY)</b>				

Physical examination

**Colour** Pale yellow  
**Transparency** Clear

Chemical Examination By Sysmex UC-3500

<b>Sp.Gravity</b>	<b>1.020</b>		1.005 - 1.030
<b>pH</b>	<b>&lt;5.5</b>		5 - 8
<b>Leucocytes (ESTERASE)</b>	<b>Negative</b>		Negative
<b>Protein</b>	<b>Negative</b>		Negative
<b>Glucose</b>	<b>Negative</b>		Negative
<b>Ketone Bodies Urine</b>	<b>Negative</b>		Negative
<b>Urobilinogen</b>	<b>Negative</b>		Negative
<b>Bilirubin</b>	<b>Negative</b>		Negative
<b>Blood</b>	<b>Present (+)</b>		Negative
<b>Nitrite</b>	<b>Negative</b>		Negative

Flowcytometric Examination By Sysmex UF-5000

<b>Leucocyte</b>	<b>Nil</b>	<b>/HPF</b>	<b>Nil</b>
<b>Red Blood Cell</b>	<b>5-6</b>	<b>/HPF</b>	<b>Nil</b>
<b>Epithelial Cell</b>	<b>Present +</b>	<b>/HPF</b>	<b>Present(+)</b>
<b>Bacteria</b>	<b>Nil</b>	<b>/ul</b>	<b>Nil</b>
<b>Yeast</b>	<b>Nil</b>	<b>/ul</b>	<b>Nil</b>
<b>Cast</b>	<b>Nil</b>	<b>/LPF</b>	<b>Nil</b>
<b>Crystals</b>	<b>Nil</b>	<b>/HPF</b>	<b>Nil</b>

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

*Manoj Shah*

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

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## LABORATORY REPORT



Name : **MONIKA KUMAR** Sex/Age : **Female/ 31 Years** Case ID : **30302200424**  
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **2620706**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :  
 Reg Date and Time : **17-Mar-2023 08:50** Sample Type : **Spot Urine** Mobile No :  
 Sample Date and Time : **17-Mar-2023 08:50** Sample Coll. By : Ref Id1 : **OSP30071**  
 Report Date and Time : **17-Mar-2023 09:20** Acc. Remarks : **Normal** Ref Id2 : **O22239860**

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)

*Shah*

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## LABORATORY REPORT



Name : <b>MONIKA KUMAR</b>	Sex/Age : <b>Female/ 31 Years</b>	Case ID : <b>30302200424</b>
Ref.By : <b>HOSPITAL</b>	Dis. At :	Pt. ID : <b>2620706</b>
Bill. Loc. : <b>Aashka hospital</b>		Pt. Loc :
Reg Date and Time : <b>17-Mar-2023 08:50</b>	Sample Type : <b>Plasma Fluoride F, Plasma Fluoride PP</b>	Mobile No :
Sample Date and Time : <b>17-Mar-2023 08:50</b>	Sample Coll. By :	Ref Id1 : <b>OSP30071</b>
Report Date and Time : <b>17-Mar-2023 14:53</b>	Acc. Remarks : <b>Normal</b>	Ref Id2 : <b>O22239860</b>
<b>TEST</b>	<b>RESULTS</b>	<b>UNIT</b>
		<b>BIOLOGICAL REF RANGE</b>
		<b>REMARKS</b>

### BIOCHEMICAL INVESTIGATIONS

#### Biochemical Investigations by Dimension EXL (Siemens)

<b>Plasma Glucose - F</b>	<b>H</b>	<b>103.53</b>	<b>mg/dL</b>	<b>70.0 - 100</b>
<b>Plasma Glucose - PP</b>		<b>112</b>	<b>mg/dL</b>	<b>70.0 - 140.0</b>

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 : **MONIKA KUMAR** Sex/Age : **Female/ 31 Years** Case ID : **30302200424**  
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **2620706**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :  
 Reg Date and Time : **17-Mar-2023 08:50** Sample Type : **Serum** Mobile No :  
 Sample Date and Time : **17-Mar-2023 08:50** Sample Coll. By : Ref Id1 : **OSP30071**  
 Report Date and Time : **17-Mar-2023 10:47** Acc. Remarks : **Normal** Ref Id2 : **O22239860**

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

#### Lipid Profile

<b>Cholesterol</b>	L	<b>93.53</b>	mg/dL	110 - 200
<b>HDL Cholesterol</b>	L	<b>45.5</b>	mg/dL	48 - 77
<b>Triglyceride</b>		<b>51.94</b>	mg/dL	40 - 200
<b>VLDL</b> <i>Calculated</i>		<b>10.39</b>	mg/dL	10 - 40
<b>Chol/HDL</b> <i>Calculated</i>		<b>2.06</b>		0 - 4.1
<b>LDL Cholesterol</b> <i>Calculated</i>	L	<b>37.64</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

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

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Name : **MONIKA KUMAR** Sex/Age : **Female/ 31 Years** Case ID : **30302200424**  
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **2620706**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 17-Mar-2023 08:50	Sample Type : Serum	Mobile No :
Sample Date and Time : 17-Mar-2023 08:50	Sample Coll. By :	Ref Id1 : OSP30071
Report Date and Time : 17-Mar-2023 10:47	Acc. Remarks : Normal	Ref Id2 : O22239860


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

#### Liver Function Test

<b>S.G.P.T.</b>	<b>17.70</b>	U/L	0 - 31	
<b>S.G.O.T.</b>	<b>15.27</b>	U/L	15 - 37	
<b>Alkaline Phosphatase</b>	<b>72.66</b>	U/L	35 - 105	
<b>Gamma Glutamyl Transferase</b>	<b>10.19</b>	U/L	5 - 36	
<b>Proteins (Total)</b>	<b>7.47</b>	gm/dL	6.4 - 8.2	
<b>Albumin</b>	<b>4.54</b>	gm/dL	3.4 - 5	
<b>Globulin</b> <i>Calculated</i>	<b>2.93</b>	gm/dL	2 - 4.1	
<b>A/G Ratio</b> <i>Calculated</i>	<b>1.5</b>		1.0 - 2.1	
<b>Bilirubin Total</b>	<b>0.53</b>	mg/dL	0.2 - 1.0	
<b>Bilirubin Conjugated</b> <i>Diazotized Sulfanilic Acid Method</i>	<b>0.12</b>	mg/dL	0 - 0.20	
<b>Bilirubin Unconjugated</b> <i>Calculated</i>	<b>0.41</b>	mg/dL	0 - 0.8	

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

  
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 M.D. (Path. & Bact.)

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

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## LABORATORY REPORT



Name : **MONIKA KUMAR** Sex/Age : **Female/ 31 Years** Case ID : **30302200424**  
Ref.By : **HOSPITAL** Dis. At : Pt. ID : **2620706**  
Bill. Loc. : **Aashka hospital** Pt. Loc :  
Reg Date and Time : **17-Mar-2023 08:50** Sample Type : **Serum** Mobile No :  
Sample Date and Time : **17-Mar-2023 08:50** Sample Coll. By : Ref Id1 : **OSP30071**  
Report Date and Time : **17-Mar-2023 10:47** Acc. Remarks : **Normal** Ref Id2 : **O22239860**

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>BUN (Blood Urea Nitrogen)</b> <small>GLDH</small>	<b>6.7</b>	mg/dL	6.00 - 20.00	
<b>Creatinine</b>	<b>0.52</b>	mg/dL	0.50 - 1.50	
<b>Uric Acid</b>	<b>3.72</b>	mg/dL	2.6 - 6.2	

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

*Shah*

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## LABORATORY REPORT



Name : **MONIKA KUMAR** Sex/Age : **Female/ 31 Years** Case ID : **30302200424**  
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **2620706**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 17-Mar-2023 08:50 Sample Type : Whole Blood EDTA Mobile No :  
 Sample Date and Time : 17-Mar-2023 08:50 Sample Coll. By : Ref Id1 : OSP30071  
 Report Date and Time : 17-Mar-2023 10:07 Acc. Remarks : Normal Ref Id2 : O22239860

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

<b>HbA1C</b>	<b>4.98</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>96.23</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)

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## LABORATORY REPORT



Name : **MONIKA KUMAR** Sex/Age : **Female/ 31 Years** Case ID : **30302200424**  
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **2620706**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 17-Mar-2023 08:50	Sample Type : Serum	Mobile No :
Sample Date and Time : 17-Mar-2023 08:50	Sample Coll. By :	Ref Id1 : OSP30071
Report Date and Time : 17-Mar-2023 10:14	Acc. Remarks : Normal	Ref Id2 : O22239860

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
------	---------	------	----------------------	---------

### Thyroid Function Test

<b>Triiodothyronine (T3)</b>	<b>91.04</b>	ng/dL	70 - 204	
<b>Thyroxine (T4)</b> <small>CMIA</small>	<b>6.4</b>	ng/dL	5.5 - 11.0	
<b>TSH</b> <small>CMIA</small>	<b>1.407</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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## LABORATORY REPORT



Name : <b>MONIKA KUMAR</b>	Sex/Age : <b>Female/ 31 Years</b>	Case ID : <b>30302200424</b>
Ref.By : <b>HOSPITAL</b>	Dis. At :	Pt. ID : <b>2620706</b>
Bill. Loc. : <b>Aashka hospital</b>		Pt. Loc :
Reg Date and Time : <b>17-Mar-2023 08:50</b>	Sample Type : <b>Serum</b>	Mobile No :
Sample Date and Time : <b>17-Mar-2023 08:50</b>	Sample Coll. By :	Ref Id1 : <b>OSP30071</b>
Report Date and Time : <b>17-Mar-2023 10:14</b>	Acc. Remarks : <b>Normal</b>	Ref Id2 : <b>O22239860</b>

**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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Name: Momica Kumar Age: 31 yrs.

Complaints:

C.S. stitch line ! ds comfort since surgery.

No. of deliveries: 1 cu C.S Mdr Termant 8/2.

Last Delivery:

History of abortion:

H/O medical conditions associated:

Last abortions:

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

MH: reg 5-6/30 NO pain.  
Reg:

LMP: 14.3.23.

P/A:

P/S:

P/V:

Sample:-

Vagina	<input type="checkbox"/>
Cervix	<input type="checkbox"/>

To come after  
Completion of  
Pethos.

Doctors Sign:-

[Signature]

17/3/23

10.40 AM

Monika

7, Contrast 226 166 05

17.03.2023 \*1:28:14 AM  
AASHKA HOSP. LTD.  
SARGASAN  
GANDHINAGAR

CE 04/59 IOT D 942 #

Room:

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

86 bpm  
-- / -- mmHg

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 76 ms  
QT / QTcBaz : 350 / 418 ms  
PR : 162 ms  
P : 84 ms  
RR / PP : 694 / 697 ms  
P / QRS / T : 77 / 76 / 63 degrees

Normal sinus rhythm with sinus arrhythmia  
Normal ECG

