



011-41195959

Dear **MR. BISOI ANAND**,

We are pleased to confirm your health checkup booking request with the following details.

Hospital Package Name : Mediwheel Full Body Health Checkup Male Below 40

Patient Package Name : Mediwheel Full Body Health Checkup Male Above 40

Name of Diagnostic/Hospital : Aashka Multispeciality Hospital

Address of Diagnostic/Hospital- : Between Sargassan & Reliance Cross Road, Gandhinagar -0382421

City : Gandhi Nagar

State :

Pincode : 382421

Appointment Date : 18-03-2024

Confirmation Status: Booking Confirmed

Preferred Time : 10:30 am - 11:00 am

Booking Status : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
MR. BISOI ANAND	38 year	Male

Note - Please note to not pay any amount at the center.

Instructions to undergo Health Check:

- Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
- 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.
- 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.
- 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.

15.03.2024.
2:20pm.

DR. JAVIL PATWA

CRITICAL CARE MEDICINE.

Anand Bisoj
38 / male

Kiclo . Bipolar disorder
- episodic
Focal Hand
↓
on homio pathy
medicines
Dystonia
(R) thumb.
- since 3 yrs

P : 98 / mm

BP : 110 / 70 mm of Hg

chwt :

SpO₂ : 98% on RA

Ix seen.

Uric acid - 7.86

HbA_{1c} - 6.49

FBS - 119

PPAS - 169

CBC - B.9 | 8460 | 238000

Adr

• Tab. Glycomet (500) 0-1-0.

• Tab. Febutaz (40) 0-0-1

30
15 min before lunch
30

• Psychiatry & Neurophysician Opinion.
• follow-up after 1 month with
FBS & PPAS
with
1 month
with
FBS & PPAS
Opinion.

Aashka Hospitals Ltd.

Between Sarjagan and Reliance Cross Roads
Sarjagan, Gandhinagar - 382421, Gujarat, India
Phone: 079-29750750, +91-7575006000 / 9000
Emergency No.: +91-7575007707 / 9879752777
www.aashkahospitals.in
CIN: L85110GJ2012PLC072647



aashka
H O S P I T A L



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

UHID: OSP33547	Date: 18/05/24	Time:
Patient Name: Anand Bisoj	Age / Sex: 35	Height: 175
		Weight: 105 kg
History:	C/O Compny Heebh about fthm gassho part 2-3mm.	
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination:	Vr 2 6/60 Vr 6/60 Vr 6/60 Vr 6/60 Vr 6/60	
Diagnosis:	Colony Urticaria-normal Respiratory comm	

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	-5.50	-1.5	180	-4.00	-2.0	180
N						

Other Advice:

use gun

Follow-up:

Consultant's Sign:

[Signature]

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

UHID:	OSP33547	Date:	18/3/24	Time:	
Patient Name:	Anand bisoi	Age / Sex:	34 / M	Height:	175 - cm
		Weight:	105 - kg		
Chief Complain:					
History:	Routine dental check up				
Allergy History:					
Nutritional Screening:	Well-Nourished / Malnourished / Obese				
Examination:	-				
Extra oral:	-				
Intra oral - Teeth Present:	- Root piece Net C /				
→ Stain ++	Caries ++				
Teeth Absent:					
Diagnosis:					

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

Other Advice:

① Give of root piece of C/e
 ② Feeding

Follow-up:

Consultant's Sign:

[Signature]

Aashka Hospitals Ltd.

Between Sargasan and Relliance Cross Roads
Sargasan, Gandhinagar - 382421, Gujarat, India
Phone: 079-29750750, +91-7575006000 / 9000
Emergency No.: +91-7575007707 / 9879752777
www.aashkahospitals.in
CIN: LBS110GJ2012PLC072647

 **aashka**
H O S P I T A L



PATIENT NAME: ANAND BISOI

GENDER/AGE: Male / 38 Years

DOCTOR:

OPDNO: OSP33547

DATE: 18/03/24

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. SMITRAJ PRAJAPATI
CONSULTANT RADIOLOGIST



PATIENT NAME: ANAND BISOI

GENDER/AGE: Male / 38 Years

DOCTOR:

OPDNO: OSP33547

DATE: 18/03/24

SONOGRAPHY OF ABDOMEN AND PELVIS

LIVER: Liver appears normal in size and shows increased parenchymal echoes. No evidence of focal lesion is seen. No evidence of dilated IHR 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 cyst is seen in inter polar region of left kidney.

Right kidney measures about 10.0 x 4.2 cms in size.

Left kidney measures about 10.1 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 aeries 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.

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 21 cc.

COMMENT: Grade I fatty changes in liver. Simple left renal cyst.

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


DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST



LABORATORY REPORT

Name : ANAND BISOI

Ref.By :

Bill. Loc. : Aashika hospital

Sex/Age : Male / 39 Years

Dis. At :

Case ID : 40302200505

Pl. ID : 3440052

Pl. Loc :

Reg Date and Time : 18-Mar-2024 10:05 Sample Type :

Sample Date and Time : 18-Mar-2024 10:06 Sample Coll. By :

Report Date and Time : Acc. Remarks : Normal

Mobile No :

Ref Id1 : OSP33547

Ref Id2 :

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Blood Glucose Fasting & Postprandial			
Plasma Glucose - F	119.37	mg/dL	70 - 100
Plasma Glucose - PP	169.33	mg/dL	70.0 - 140.0
Glyco Hemoglobin (HbA1c)			
HbA1C	6.49	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes
Haemogram (CBC)			
Lymphocyte	3136	/µL	1000.00 - 3000.00
Lipid Profile			
HDL Cholesterol	34.0	mg/dL	48 - 77
Triglyceride	277.04	mg/dL	<150
VLDL	55.41	mg/dL	10 - 40
Chol/HDL	6.47		0 - 4.1
ESR	24	mm after 1hr	3 - 15
Uric Acid	7.86	mg/dL	3.6 - 7.2

Abnormal Result(s) Summary End

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



LABORATORY REPORT

Name : ANAND BISOI

Ref By :

Bill. Loc. : Aashka hospital

Sex/Age : Male / 39 Years

Dis. At :

Pt. Loc :

Case ID : 40302200505

Pt. ID : 3440052

Pt. Loc :

Reg Date and Time : 18-Mar-2024 10:05

Sample Type : Whole Blood EDTA

Sample Date and Time : 18-Mar-2024 10:08

Sample Coll. By :

Report Date and Time : 18-Mar-2024 10:28

Acc. Remarks : Normal

Mobile No :

Ref Id1 : OSP33547

Ref Id2 :

TEST

RESULTS

UNIT

BIOLOGICAL REF. INTERVAL

REMARKS

HAEMOGRAM REPORT

Hb AND INDICES

Haemoglobin	13.9	G%	13.00 - 17.00
RBC (Electrical Impedance)	5.01	millions/cumm	4.50 - 6.50
PCV(Calc)	41.98	%	40.00 - 50.00
MCV (RBC histogram)	83.8	fL	83.00 - 101.00
MCH (Calc)	27.8	pg	27.00 - 32.00
MCHC (Calc)	33.2	gm/dL	31.50 - 34.50
RDW (RBC histogram)	14.50	%	11.00 - 16.00

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

Total WBC Count	8960	/µL	4000.00 - 10000.00
Neutrophil	L% 59.0	%	EXPECTED VALUES 40.00 - 70.00 LABS 5288
Lymphocyte	35.0	%	20.00 - 40.00 H 3136
Eosinophil	2.0	%	1.00 - 6.00 179
Monocytes	4.0	%	2.00 - 10.00 356
Basophil	0.0	%	0.00 - 2.00 0

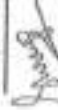
PLATELET COUNT (Optical)

Platelet Count	278000	/µL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	1.69		0.78 - 3.53

SMEAR STUDY

RBC Morphology	Normocytic Normochromic RBCs.
WBC Morphology	Total WBC count within normal limits.
Platelet	Platelets are adequate in number.
Parasite	Malarial Parasites not seen on smear.

Note (L-L-Very Low, L-Low, H-High, NH-Normal, Very High A-Abnormal)



Dr. Shreya Shah
M.D. (Pathologist)

Page 2 of 13

Printed On : 18-Mar-2024 12:21





LABORATORY REPORT

Name : **AMAND BISOI**

Ref.By :

Bill. Loc. : **Aashka hospital**

Sex/Age : **Male / 39 Years**

Dis. At :

Case ID : **40302200505**

PL ID : **3440052**

Pt. Loc :

Reg Date and Time : **18-Mar-2024 10:05**

Sample Type : **Whole Blood EDTA**

Mobile No :

Sample Date and Time : **18-Mar-2024 10:08**

Sample Coll. By :

Ref id1 : **OSP33547**

Report Date and Time : **18-Mar-2024 11:30**

Acc. Remarks : **Normal**

Ref id2 :

TEST

RESULTS

UNIT

BIOLOGICAL REF RANGE

REMARKS

ESR
Westergren Method

H 24

mm after 1hr 3 - 15

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



Dr. Shreya Shih

M.D. (Pathologist)

Page 3 of 13

Printed On: 18-Mar-2024 13:21





LABORATORY REPORT

Name : ANAND BISOI

Ref.By :

Bill. Loc. : Aastika hospital

Sex/Age : Male / 39 Years

Case ID : 40302200505

Dis. At :

Pt. ID : 3440052

Pt. Loc :

Reg Date and Time : 18-Mar-2024 10:05

Sample Type : Whole Blood EDTA

Mobile No :

Sample Date and Time : 18-Mar-2024 10:06

Sample Coll. By :

Ref Id1 : OSP33547

Report Date and Time : 18-Mar-2024 10:38

Acc. Remarks : Normal

Ref Id2 :

TEST

RESULTS

UNIT BIOLOGICAL REF RANGE

REMARKS

HAEMATOTOLOGY INVESTIGATIONS

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

ABO Type

O

Rh Type

POSITIVE

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



Dr. Shreya Sheh

M.D. (Pathologist)

Page 4 of 13

Printed On: 18-Mar-2024 12:21





LABORATORY REPORT



Name : ANAND BISOI

Sex/Age : Male / 39 Years

Case ID : 40302200505

Ref By :

Dis. At :

Pl. ID : 3440052

Bill. Loc. : Aashika hospital

Pt. Loc. :

Reg Date and Time : 18-Mar-2024 10:05

Sample Type : Plasma Fluoride F, Plasma Fluoride pp

Mobile No. :

Sample Date and Time : 18-Mar-2024 10:06

Sample Coll. By :

Ref Id1 : OSP33547

Report Date and Time : 18-Mar-2024 13:11

Acc. Remarks : Normal

Ref Id2 :

REMARKS

RESULTS UNIT BIOLOGICAL REF RANGE

BIOCHEMICAL INVESTIGATIONS

Blood Glucose Level (Fasting & Post Prandial)

Plasma Glucose - F <small>Photometric, Hexokinase</small>	H	119.37	mg/dL	70 - 100
Plasma Glucose - pp <small>Photometric, Hexokinase</small>	H	169.33	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 glucose/guidelines

≥126 mg/dL: Probability of Diabetes. Confirm as per guidelines

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

Dr. Shreya Shah
M.D. (Pathologist)

Page 5 of 13



LABORATORY REPORT



Name : ANAND BISOI

Ref.By :

Bill. Loc. : Aashka hospital

Sex/Age : Male / 39 Years

Dis. At :

PL Loc :

Case ID : 40302200505

PL ID : 3440052

Reg Date and Time : 18-Mar-2024 10:05

Sample Type : Whole Blood EDTA

Mobile No :

Sample Date and Time : 18-Mar-2024 10:06

Sample Coll. By :

Ref Id1 : OSP33547

Report Date and Time : 18-Mar-2024 10:34

Acc. Remarks : Normal

Ref Id2 :

TEST

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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Glycated Haemoglobin Estimation

HbA1C	H 6.49	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
-------	--------	---------------	---	--

Estimated Avg Glucose (3 Mths) Calculated	139.66	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 glycaemic 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 glycosmic control can be monitored using plasma glucose levels or serum Fructosamins. 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 hyperglycemia, patient motivation and adherence.

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

Dr. Shreya Shah
M.D. (Pathologist)

Page 6 of 13





LABORATORY REPORT



Name : ANAND BISOI
 Ref. By :
 Bill. Loc. : Aashka hospital

Sex/Age : Male / 39 Years
 Dis. At :

Case ID : 40302200505
 PL ID : 3440052
 Pt. Loc :

Reg Date and Time : 18-Mar-2024 10:05 Sample Type : Serum
 Sample Date and Time : 18-Mar-2024 10:06 Sample Coll. By :
 Report Date and Time : 18-Mar-2024 11:19 Acc. Remarks : Normal

Mobile No :
 Ref Id1 : OSP33547
 Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol Colorimetric, CHOD-PAP	185.99	mg/dL	110 - 200	
HDL Cholesterol	L 34.0	mg/dL	48 - 77	
Triglyceride Glycerol Phosphate Oxidase	H 277.04	mg/dL	<150	
VLDL Calculated	H 55.41	mg/dL	10 - 40	
Chol/HDL Calculated	H 5.47		0 - 4.1	
LDL Cholesterol Calculated	96.58	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
Scoredine 130-159	High >240		High 200-499
High 160-189			

- LDL Cholesterol level is primary goal for treatment and varies with risk category and assessment
- For LDL Cholesterol level please consider direct LDL value
- Risk assessment from HDL and Triglyceride has been revised. Also LDL goals have changed
- Detail test interpretation available from the lab
- All tests are done according to NCEP guidelines and with FDA approved kits.
- LDL Cholesterol level is primary goal for treatment and varies with risk category and assessment

Note: (L-Low, V-Low, L-Low, H-High, VH-Very High, A-Abnormal)



Dr. Shreya Shah
 M.D. (Pathologist)

Page 7 of 13



LABORATORY REPORT



Name : ANAND BISOI

Ref.By :

Bill. Loc. : Aashka hospital

Sex/Age : Male / 38 Years

Dis. At :

Case ID : 40302200505

PL ID : 3440052

Pl. Loc :

Reg Date and Time : 18-Mar-2024 10:05

Sample Type : Serum

Mobile No :

Sample Date and Time : 18-Mar-2024 10:06

Sample Coll. By :

Ref Id1 : OSP33547

Report Date and Time : 18-Mar-2024 11:49

Acc. Remarks : Normal

Ref Id2 :

TEST

RESULTS

UNIT BIOLOGICAL REF RANGE

REMARKS

BIOCHEMICAL INVESTIGATIONS

Liver Function Test

S.G.P.T. UV with PSp	52.29	U/L	16 - 63
S.G.O.T. UV with PSp	30.83	U/L	15 - 37
Alkaline Phosphatase	117.11	U/L	40 - 130
Gamma Glutamyl Transferase L-Gamma-glutamyl-3-Carboxy-4-nitroanilide Substrate	53.10	U/L	0 - 55
Proteins (Total) Colorimetric, Buret	6.07	gm/dL	6.40 - 8.30
Albumin Bromocresol Purple	4.64	gm/dL	3.4 - 5
Globulin Calculated	3.43	gm/dL	2 - 4.1
A/G Ratio Calculated	1.4		1.0 - 2.1
Bilirubin Total Photometry	0.49	mg/dL	0.3 - 1.2
Bilirubin Conjugated Diazotization reaction	0.20	mg/dL	0 - 0.50
Bilirubin Unconjugated Calculated	0.29	mg/dL	0 - 0.6

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



Dr. Shreya Shah
M.D. (Pathologist)

Page 6 of 13





LABORATORY REPORT



Name : ANAND BISOI

Ref.By :

Bill. Loc. : Aashka hospital

Sex/Age : Male / 39 Years

Dis. At :

Case ID : 40302200505

PL ID : 9440052

PL Loc :

Reg Date and Time : 18-Mar-2024 10:05 Sample Type : Serum

Sample Date and Time : 18-Mar-2024 10:06 Sample Coll. By :

Report Date and Time : 18-Mar-2024 11:19 Acc. Remarks : Normal

Mobile No :

Ref Id1 : OSP33547

Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BUN (Blood Urea Nitrogen)
GLOH 11.8 mg/dL 8.80 - 20.60

Uric Acid
Uricase H 7.88 mg/dL 3.5 - 7.2

Creatinine 0.86 mg/dL 0.50 - 1.50

Note [L-Very Low, L-Low, H-High, HHI-Very High, A-Abnormal]

Dr. Shreya Shah
M.D. (Pathologist)

Page 9 of 13



LABORATORY REPORT

Name : ANAND BISOI

Ref.By :

Bill. Loc. : Aashka hospital

Sex/Age : Male / 35 Years

Dis. At :

Case ID : 40302200505

Pl. ID : 3440052

Pl. Loc :

Reg Date and Time : 18-Mar-2024 10:05 Sample Type : Serum

Sample Date and Time : 18-Mar-2024 10:06 Sample Coll. By :

Report Date and Time : 18-Mar-2024 11:12 Acc. Remarks : Normal

Mobile No :

Ref Id1 : OSP33547

Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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Thyroid Function Test

Triiodothyronine (T3) CMA	104.91	ng/dL	70 - 204	
Thyroxine (T4) CMA	7.30	ng/dL	4.87 - 11.72	
TSH CMA	2.63	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), 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 & 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 anti-animal 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-Very Low L-Low H-High HH-Very High A-Abnormal)

Dr. Shreya Shah
M.D. (Pathology)

Page 10 of 13



LABORATORY REPORT

Name : ANAND BISOI

Ref. By :

Bill. Loc. : Aashka hospital

Sex/Age : Male / 39 Years

Dis. At :

Case ID : 40302200505

Pl. ID : 3440052

Pl. Loc :

Reg Date and Time : 18-Mar-2024 10:05 Sample Type : Serum

Sample Date and Time : 18-Mar-2024 10:06 Sample Coll. By :

Report Date and Time : 18-Mar-2024 11:12 Acc. Remarks : Normal

Mobile No :

Ref Id1 : OSP33547

Ref Id2 :

Information Note:

Ultra sensitive thyroid-stimulating hormone (TSH) is a highly sensitive screening assay for thyroid disorders in patients with an intact pituitary-thyroid axis. A TSH provides a physiologic indicator of the functional level of thyroid hormone activity. Increased s-TSH indicates excessive 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 test to assess thyroid function. However, even in these patients, s-TSH reads 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 3 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 decreased 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, hypothyroidism may be caused by over-production 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 hormone 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 0.9-2.5

	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/↑	↓

Note: (L-Very Low, L-Low, H-High, HH-Very High, A-Abnormal)

Dr. Shreya Shah

M.D. (Pathologist)

Page 11 of 13



LABORATORY REPORT



Name : ANAND BISOI

Sex/Age : Male / 39 Years

Case ID : 40302200505

Ref.By :

Dis. At :

PL ID : 3440052

Bill. Loc. : Aashka hospital

PL Loc :

Reg Date and Time : 18-Mar-2024 10:05

Sample Type : Spot Urine

Mobile No :

Sample Date and Time : 18-Mar-2024 10:06

Sample Coll. By :

Ref Id1 : DSP33347

Report Date and Time : 18-Mar-2024 11:01

Acc. Remarks : Normal

Ref Id2 :

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

pH: <5.5 5 - 8

Leucocytes (ESTERASE): Negative Negative

Protein: Negative Negative

Glucose: Negative Negative

Ketone Bodies Urine: Negative Negative

Urobilinogen: Negative Negative

Bilirubin: Negative Negative

Blood: Negative Negative

Nitrite: Negative Negative

Flowcytometric Examination By Sysmex UF-5000

Leucocyte: Nil /HPF Nil

Red Blood Cell: Nil /HPF Nil

Epithelial Cell: Present + /HPF Present(+)

Bacteria: Nil /µL Nil

Yeast: Nil /µL Nil

Cast: Nil /HPF Nil

Crystals: Nil /HPF Nil

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

Dr. Shreya Shah
M.D. (Pathology)



LABORATORY REPORT



Name : ANAND BISOI

Sex/Age : Male / 39 Years

Ref.By :

Case ID : 40302200505

Bill. Loc. : Ashka hospital

Dis. At :

Pt. ID : 3440052

Pt. Loc :

Reg Date and Time : 18-Mar-2024 10:05 Sample Type : Spot Urine

Mobile No :

Sample Date and Time : 18-Mar-2024 10:06 Sample Coll. By :

Ref Id1 : OSP33547

Report Date and Time : 18-Mar-2024 11:01 Acc. Remarks : Normal

Ref Id2 :

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	30	150	-
Urobilinogen	mg/dL	Negative (<1)	1	4	8	12	-

Parameter	Unit	Expected value	Result/Notations				
			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	-	-	-	-	-

----- 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 lab 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)

Dr. Shreya Shah
M.D. (Pathologist)

Page 13 of 13



COLOUR DOPPLER ECHOCARDIOGRAPH REPORT

Patient's Name: Anand Age: _____ Sex: _____
 Ref. by Doctor: _____ IP/OP No.: _____ Date: 18/3/24

MITRAL VALVE	:	
AORTIC VALVE	:	
TRICUSPID VALVE	:	<u>TR</u>
PULMONARY VALVE	:	
AORTA	:	<u>34</u>
LEFT ATRIUM	:	<u>37</u>
LV Dd/ Ds	:	<u>45/31 - EF 60%</u>
IVS / LVPW / D	:	<u>11 / 11 - Borderline LVH</u>
IVS	:	<u>Interf-</u>
IAS	:	<u>TR</u>
RA	:	
RV	:	<u>TR</u>
PA	:	
PERICARDIUM	:	<u>TR</u>
VEL	:	PEAK MEAN
M/S	:	Gradient mm Hg
MITRAL	:	<u>1/0.7</u>
AORTIC	:	<u>1-3</u>
PULMONARY	:	<u>1-1</u>
COLOUR DOPPLER	:	<u>Trivial MR/TR</u>
RSVP	:	<u>TR - 1</u>
CONCLUSION	:	<u>Borderline LVH; TR</u>

18.03.2024 12:18:31 PM
ASHRA HOSPITAL LTD.
SARGASAN
GANDHINAGAR

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

Room:

90 bpm
- / - mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS :	92 ms	Normal sinus rhythm
QT / QTc Baz :	388 / 474 ms	Normal ECG
PR :	146 ms	
P :	100 ms	
RR / PP :	668 / 666 ms	
P / QRS / T :	48 / 56 / 42 degrees	

