

Name

Checkup Female
Below 40

**Name of
Diagnostic/Hospital**

Aashka
: Multispeciality
Hospital

**Address of
Diagnostic/Hospital-**

Between Sargassan
& Reliance Cross
Road, Gandhinagar
-0382421

City

: Gandhi Nagar

State

: Gujarat

Pincode

: 382421

Appointment Date

: 02-10-2024

Confirmation Status : Booking Confirmed

Preferred Time

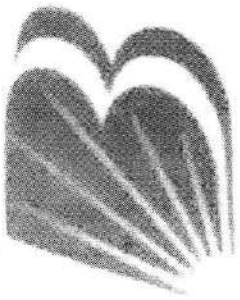
: 08:30 am - 09:00
am

Booking Status

: Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
GEDDA VENKATA RAMYASRI	31 year	Female

Note - Please note to not pay any amount



बैंक ऑफ़ बड़ोदा
Bank of Baroda



नाम
Name
पी वाम्सी कृष्णा
Pallela Vamsi Krishna

E.C. No. 175907

जारीकर्ता प्राधिकारी

Issuing Authority

धारक के हस्ताक्षर

Signature of Holder

Doctor Name:- S/B Dr. Shruya (Surk)

UHID:	Date: 2/10/24	Time: 3:30 PM
Patient Name: <u>Geetha Ramyansari</u>	Age/Sex: 31 year / female	Height: Weight:
Chief Complain:	come here for health check up.	
History:	H/O MVR on 2020 on ecosprin 75/20 OD. Atorvastatin	
Allergy History:	not known	
Nutritional Screening: Well-Nourished / Malnourished / Obese	✓	
Examination:	USK Abdomen = GB calculi. Rest all Report = normal	
	HR = 78/min SPO ₂ = 96% on RA BP = 100/60 mm Hg	
Diagnosis:	PT is fit.	

PATIENT NAME:GEDDA RAMYASARI
GENDER/AGE:Female / 31 Years
DOCTOR:DR.HASIT JOSHI
OPDNO:OSP35130

DATE:02/10/24

2D-ECHO

MITRAL VALVE : BIOPROSTHETIC MV IN SITU; NORMALLY --
FUNCTIONING MVA 2.8cm

AORTIC VALVE : NORMAL

TRICUSPID VALVE : NORMAL

PULMONARY VALVE : NORMAL

AORTA : 28mm

LEFT ATRIUM : 38mm

LV Dd / Ds : 43/30mm EF 55%

IVS / LVPW / D : 10/9mm

IVS : INTACT

IAS : FLOPPY

RA : NORMAL

RV : NORMAL

PA : NORMAL

PERICARDIUM : NORMAL

VEL : PEAK MEAN

M/S : Gradient mm Hg Gradient mm Hg

MITRAL : Gmx/Gmn: 11/5mmHg

AORTIC : 1.2m/s

PULMONARY : 0.9m/s

COLOUR DOPPLER : TRIVIAL MR, MILD TR

RVSP : 28mmHg

CONCLUSION : POST MVR; NORMAL FUNCTION --
PROSTHETICMV IN SITU;
FAIR LV FUNCTION; NO PAH.



CARDIOLOGIST
DR.HASIT JOSHI (9825012235)

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Aashka Hospitals Ltd.
Between Sargasan and Reliance Cross Roads
Sargasan, Gandhinagar - 382421. Gujarat, India
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Emergency No.: +91-7575007707 / 9879752777
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CIN: L85110GJ2012PLC072647



PATIENT NAME:GEDDA RAMYASARI

GENDER/AGE:Female / 31 Years

DATE:02/10/24

DOCTOR:

OPDNO:OSP35130

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.
Both domes of diaphragm appear normal.
No evidence of cervical rib is seen on either side.
Sternal sutures are seen in situ.


DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST

REPORT REPORT REPORT REPORT REPORT

PATIENT NAME:GEDDA RAMYASARI

GENDER/AGE:Female / 31 Years

DATE:02/10/24

DOCTOR:

OPDNO:OSP35130

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 show few calculi, largest: 9 mm. No evidence of 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 10.0 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 4.6 mm. No evidence of uterine mass lesion is seen.

Bilateral adnexa appears normal.

COMMENT: GB calculi.

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


DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST

REPORT



LABORATORY REPORT



Name : GEDDA RAMYASARI	Sex/Age : Female/ 31 Years	Case ID : 41002200051
Ref.By :	Dis. At :	Pt. ID : 4506265
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 02-Oct-2024 09:32	Sample Type :	Mobile No :
Sample Date and Time : 02-Oct-2024 09:32	Sample Coll. By :	Ref Id1 : OSP35130
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 : O24255692

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Haemogram (CBC)			
Haemoglobin	11.8	G%	12.0 - 15.0
MCV (RBC histogram)	79.0	fL	83.00 - 101.00
MCH (Calc)	25.8	pg	27.00 - 32.00
Liver Function Test			
Proteins (Total)	8.40	gm/dL	6.4 - 8.2
Bilirubin Total	1.39	mg/dL	0.2 - 1.0
Bilirubin Unconjugated	0.87	mg/dL	0 - 0.8
Urine Examination			
Leucocytes (ESTERASE)	Present (+)		Negative
Leucocyte	13-15	/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 : **GEDDA RAMYASARI** Sex/Age : **Female/ 31 Years** Case ID : **41002200051**
 Ref.By : Dis. At : Pt. ID : **4506265**
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : **02-Oct-2024 09:32** Sample Type : **Whole Blood EDTA** Mobile No :
 Sample Date and Time : **02-Oct-2024 09:32** Sample Coll. By : Ref Id1 : **OSP35130**
 Report Date and Time : **02-Oct-2024 10:09** Acc. Remarks : **Normal** Ref Id2 : **O24255692**

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin	L 11.8	G%	12.0 - 15.0
RBC (Electrical Impedance)	4.59	millions/cumm	3.80 - 4.80
PCV(Calc)	36.26	%	36.00 - 46.00
MCV (RBC histogram)	L 79.0	fL	83.00 - 101.00
MCH (Calc)	L 25.8	pg	27.00 - 32.00
MCHC (Calc)	32.6	gm/dL	31.50 - 34.50
RDW (RBC histogram)	15.6	%	11.00 - 16.00

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

		UNIT	EXPECTED VALUES	[Abs]	EXPECTED VALUES
Total WBC Count	8500	/μL	4000.00 - 10000.00		
Neutrophil	[%] 68.0	%	40.00 - 70.00	5780	/μL 2000.00 - 7000.00
Lymphocyte	22.0	%	20.00 - 40.00	1870	/μL 1000.00 - 3000.00
Eosinophil	2.0	%	1.00 - 6.00	170	/μL 20.00 - 500.00
Monocytes	8.0	%	2.00 - 10.00	680	/μL 200.00 - 1000.00
Basophil	0.0	%	0.00 - 2.00	0	/μL 0.00 - 100.00

PLATELET COUNT (Optical)

Platelet Count	331000	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	3.09		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)

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LABORATORY REPORT



Name : **GEPPA RAMYASARI** Sex/Age : **Female/ 31 Years** Case ID : **41002200051**
Ref.By : Dis. At : Pt. ID : **4506265**
Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 02-Oct-2024 09:32	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 02-Oct-2024 09:32	Sample Coll. By :	Ref Id1 : OSP35130
Report Date and Time : 02-Oct-2024 10:20	Acc. Remarks : Normal	Ref Id2 : O24255692

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR <i>Westergren Method</i>	08	mm after 1hr	3 - 20	

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

Dr. Shreya Shah
M.D. (Pathologist)

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LABORATORY REPORT



Name : GEDDA RAMYASARI	Sex/Age : Female/ 31 Years	Case ID : 41002200051
Ref.By :	Dis. At :	Pt. ID : 4506265
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 02-Oct-2024 09:32	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 02-Oct-2024 09:32	Sample Coll. By :	Ref Id1 : OSP35130
Report Date and Time : 02-Oct-2024 09:46	Acc. Remarks : Normal	Ref Id2 : O24255692

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
Rh Type	POSITIVE

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

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LABORATORY REPORT



Name : **GEDDA RAMYASARI** Sex/Age : **Female/ 31 Years** Case ID : **41002200051**
 Ref.By : Dis. At : Pt. ID : **4506265**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **02-Oct-2024 09:32** Sample Type : **Plasma Fluoride F,Plasma Fluoride PP,Serum** Mobile No :
 Sample Date and Time : **02-Oct-2024 09:32** Sample Coll. By : Ref Id1 : **OSP35130**
 Report Date and Time : **02-Oct-2024 11:18** Acc. Remarks : **Normal** Ref Id2 : **O24255692**

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Plasma Glucose - F	95.16	mg/dL	70.0 - 100	
Plasma Glucose - PP	98.05	mg/dL	70.0 - 140.0	
BUN (Blood Urea Nitrogen) <i>GLDH</i>	8.9	mg/dL	7.00 - 18.70	
Uric Acid	4.48	mg/dL	2.6 - 6.2	
Creatinine	0.71	mg/dL	0.50 - 1.50	

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LABORATORY REPORT



Name : GEDDA RAMYASARI	Sex/Age : Female/ 31 Years	Case ID : 41002200051
Ref.By :	Dis. At :	Pt. ID : 4506265
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 02-Oct-2024 09:32	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 02-Oct-2024 09:32	Sample Coll. By :	Ref Id1 : OSP35130
Report Date and Time : 02-Oct-2024 10:11	Acc. Remarks : Normal	Ref Id2 : O24255692

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Glycated Haemoglobin Estimation				
HbA1C	5.26	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	104.26	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 : GEDDA RAMYASARI	Sex/Age : Female/ 31 Years	Case ID : 41002200051
Ref.By :	Dis. At :	Pt. ID : 4506265
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 02-Oct-2024 09:32	Sample Type : Serum	Mobile No :
Sample Date and Time : 02-Oct-2024 09:32	Sample Coll. By :	Ref Id1 : OSP35130
Report Date and Time : 02-Oct-2024 11:19	Acc. Remarks : Normal	Ref Id2 : O24255692

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol	157.46	mg/dL	110 - 200	
HDL Cholesterol <i>Accelerator Selective Detergent</i>	45.0	mg/dL	40 - 60	
Triglyceride	121.50	mg/dL	40 - 200	
VLDL <i>Calculated</i>	24.30	mg/dL	10 - 40	
Chol/HDL <i>Calculated</i>	3.50		0 - 4.1	
LDL Cholesterol <i>Calculated</i>	88.16	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 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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Ref.By :	Dis. At :	Pt. ID : 4506265
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 02-Oct-2024 09:32	Sample Type : Serum	Mobile No :
Sample Date and Time : 02-Oct-2024 09:32	Sample Coll. By :	Ref Id1 : OSP35130
Report Date and Time : 02-Oct-2024 11:20	Acc. Remarks : Normal	Ref Id2 : O24255692

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Liver Function Test

S.G.P.T.	9.94	U/L	0 - 31	
S.G.O.T.	16.19	U/L	15 - 37	
Alkaline Phosphatase	80.03	U/L	35 - 105	
Gamma Glutamyl Transferase	12.24	U/L	5 - 36	
Proteins (Total)	H 8.40	gm/dL	6.4 - 8.2	
Albumin	4.64	gm/dL	3.4 - 5	
Globulin <i>Calculated</i>	3.76	gm/dL	2 - 4.1	
A/G Ratio <i>Calculated</i>	1.23		1.0 - 2.1	
Bilirubin Total	H 1.39	mg/dL	0.2 - 1.0	
Bilirubin Conjugated	0.52	mg/dL		
Bilirubin Unconjugated <i>Calculated</i>	H 0.87	mg/dL	0 - 0.8	

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

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M.D. (Pathologist)

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Name : GEDDA RAMYASARI	Sex/Age : Female/ 31 Years	Case ID : 41002200051
Ref.By :	Dis. At :	Pt. ID : 4506265
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 02-Oct-2024 09:32	Sample Type : Serum	Mobile No :
Sample Date and Time : 02-Oct-2024 09:32	Sample Coll. By :	Ref Id1 : OSP35130
Report Date and Time : 02-Oct-2024 10:40	Acc. Remarks : Normal	Ref Id2 : O24255692

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Thyroid Function Test				
Triiodothyronine (T3)	104.95	ng/dL	70 - 204	
Thyroxine (T4) <i>CMIA</i>	7.88	ng/dL	4.87 - 11.72	
TSH <i>CMIA</i>	1.948	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 : GEDDA RAMYASARI Sex/Age : Female/ 31 Years Case ID : 41002200051
 Ref.By : Dis. At : Pt. ID : 4506265
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 02-Oct-2024 09:32	Sample Type : Serum	Mobile No :
Sample Date and Time : 02-Oct-2024 09:32	Sample Coll. By :	Ref Id1 : OSP35130
Report Date and Time : 02-Oct-2024 10:40	Acc. Remarks : Normal	Ref Id2 : O24255692

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/↑	↓

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

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 Chennai - 600096, Tamil Nadu, India. | CIN - U85300TN2017PTC114099
 www.neubergsupratech.com



LABORATORY REPORT



Name : GEDDA RAMYASARI	Sex/Age : Female/ 31 Years	Case ID : 41002200051
Ref.By :	Dis. At :	Pt. ID : 4506265
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 02-Oct-2024 09:32	Sample Type : Spot Urine	Mobile No :
Sample Date and Time : 02-Oct-2024 09:32	Sample Coll. By :	Ref Id1 : OSP35130
Report Date and Time : 02-Oct-2024 10:11	Acc. Remarks : Normal	Ref Id2 : O24255692

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
URINE EXAMINATION				
<u>Physical Examination</u>				
Colour	Yellow			
Transparency	Clear			
<u>Chemical Examination</u>				
Sp.Gravity	1.025		1.005 - 1.030	
pH	6.0		5 - 8	
Leucocytes (ESTERASE)	Present (+)		Negative	
Protein	Negative		Negative	
Glucose	Negative		Negative	
Ketone Bodies Urine	Negative		Negative	
Urobilinogen	Negative		Negative	
Bilirubin	Negative		Negative	
Blood	Negative		Negative	
Nitrite	Negative		Negative	
<u>Microscopic Examination</u>				
Leucocyte	13-15	/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. (Pathologist)

Printed On : 02-Oct-2024 14:32

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Neuberg Diagnostics Private Limited

Laboratory : "KEDAR" Opposite Krupa Petrol Pump, Near Parimal Garden,
Ahmedabad - 380006 ☎ 079-40408181 / 61618181
✉ contact@neubergsupratech.com

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LABORATORY REPORT



Name : **GEDDA RAMYASARI** Sex/Age : **Female/ 31 Years** Case ID : **41002200051**
 Ref.By : Dis. At : Pt. ID : **4506265**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **02-Oct-2024 09:32** Sample Type : **Spot Urine** Mobile No :
 Sample Date and Time : **02-Oct-2024 09:32** Sample Coll. By : Ref Id1 : **OSP35130**
 Report Date and Time : **02-Oct-2024 10:11** Acc. Remarks : **Normal** Ref Id2 : **O24255692**

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	-	-	-	-	-

Pending Services
Liquid Base Cytology PAP

----- 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)

Dr. Shreya Shah
M.D. (Pathologist)

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Page 12 of 12



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Name: ^{Reddy} Rangasuri

Age: 31 yr

Complaints:

~~Reddy~~ lower Abdo pain x 2 hrs.
Healthn Checkup.

No of deliveries:

2 FTND

Last Delivery:

3yrs

History of abortion:

H/O medical conditions associated:

Last abortions:

DM
HTN
Thyroid

Mitral valve
replacement
2020.

MH:

RNF

Reg:

LMP:

11/9/24

P/A:

P/S:

Ox hypertrophical.
eroded.

P/V:

Uter NAD.

Sample:-

Vagina
Cervix

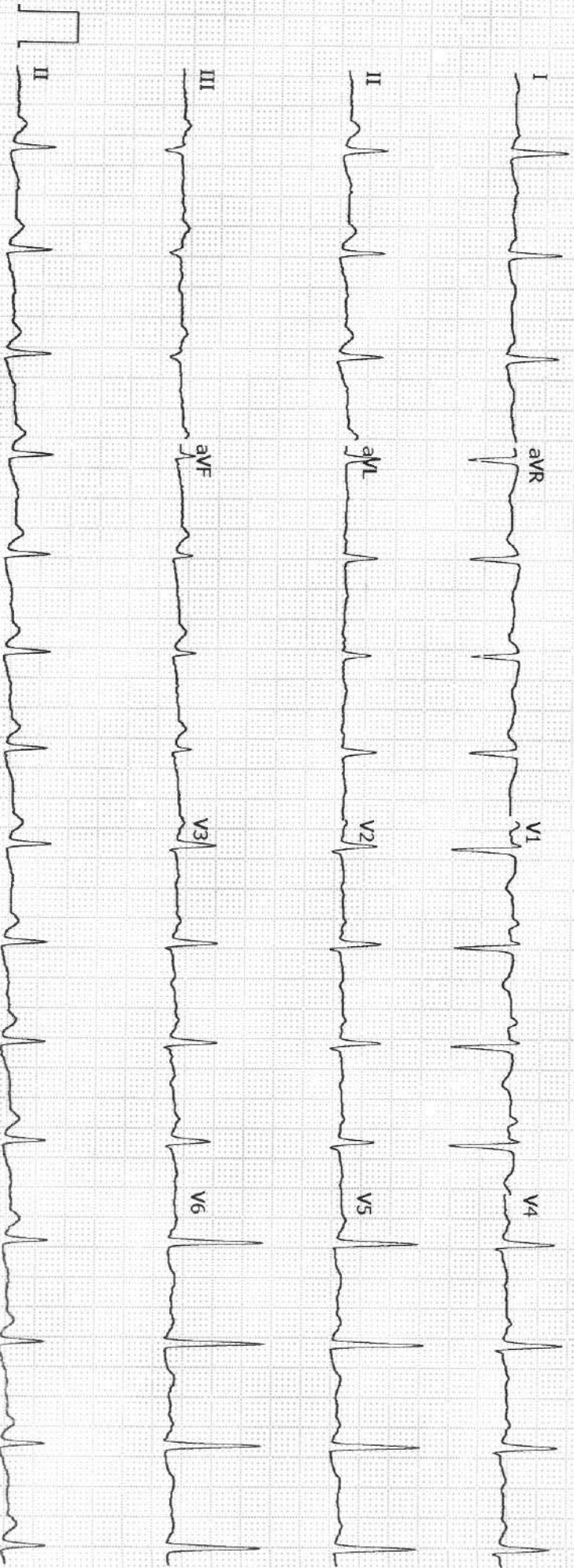
Doctors Sign:-

DR. [Signature]

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:


QRS : 80 ms
QT / QTcBaz : 360 / 440 ms
PR : 162 ms
P : 142 ms
RR / pp : 666 / 666 ms
P / QRS / T : 66 / 18 / 29 degrees

Normal sinus rhythm
Normal ECG



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

Prescription

UHID:	Date:	Time:
Patient Name: <i>Ramjivani Chaudhary</i>	Age /Sex: Height: Weight:	
Chief Complain: 		
History: <i>open heart surgery / before 6 years (2020)</i>		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination:		
Extra oral :	<i>Root piece not</i> 	
Intra oral – Teeth Present :	<i>Impacted molar</i>	
Teeth Absent :		
Diagnosis:		

Prescription

Prescription

Rx

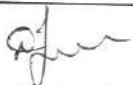
No	Dosage Form	Name of drug (IN BLOCK LETTERS ONLY)	Dose	Route	Frequency	Duration

Other Advice:

Exubalte 1000 mg \leftarrow / 7/

Follow-up:

Consultant's Sign:



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

UHID: 08P35130	Date: 2/10/24	Time:
Patient Name: Geeta Ramgarni	Age / Sex: 31	Height: 155
	Weight: 55.3	
History: H/O any loss of vision eye surgery		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination: VRS 16/6 eye NMB B		
Diagnosis:		

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	-0.50	-	-	-0.50	-	-
N						

Other Advice:

Follow-up:

Consultant's Sign:

DR.KHUSHBOO PATEL
MS (OBS & GYN)
REG. NO. G-31287

UHID: 0SP35130		Date: 2/10/24	Time:
Patient Name: Greda Ranjani		Age: 31y	Mobile No:
Complaint and duration: lower Abdominal pain x 2w.			
History:			
Menstrual history: RNF.			
Cycles	Flow	Duration of Bleeding	Presence of pain
LMP: 11/9/24.			
H/O Associated illnesses:			
HTN:	H/O Mitral valve		DM:
Thyroid disorder:	Replacement.		Others:
Family History:	2020. On Aspirin		ML-775
Medication history: Aspirin 75/20			
Obstetric History:			
No of deliveries:	P2L0. 2FT-TRIDIA 201.		Last child: 3y 8m
Allergy History: NAD			
Nutritional Screening: Well-Nourished / Malnourished / Obese			
General Examination:			
CVS	BP:	Oedema of ft	
RS	Wt: 55.3kg	Tongue	
Breast examination:			

P/

A

L/E

P/S- cervix

P/V

016 P/S Cx hypertrophied
 eroded.
 Vaginitis @
 P/V - Ut NS, PAVIP FIN
 Red Blf for.

Provisional Diagnosis:

Healthy cervix.

Investigation:

Pap's smear.

Plan of care:

Rx

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

Follow-up:

Review & Report.

Consultant's Sign:

DR. KAM @