

[Draft] Fw: Health Check up Booking Confirmed Request(22S36876),Package Code-PKG10000475, Beneficiary Code-301403

From

Draft saved Fri 10/25/2024 5:11 PM

011-41195959

payment\_mode == 'Credit' || \$bookingDetails->payment\_mode == 'Cashless') {'; } -->

Dear **Kunj MUKESHBHAI TRIVEDI,**

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

**Hospital Package Name** : Mediwheel Full Body Health 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** : 26-10-2024  
**Confirmation Status** : Booking Confirmed  
**Preferred Time** : 08:30 AM - 09:00 AM  
**Booking Status** : Booking Confirmed

**Member Information**

Booked Member Name	Age	Gender
Maheta Uma	33 year	Female

**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).



बैंक ऑफ़ बड़ोदा  
Bank of Baroda



10000

10000

नाम

कुंज त्रिवेदी

Name

KUNJ TRIVEDI

कर्मचारी कूट क्र.

E.C. No. 180391

जारीकर्ता प्राधिकारी

Issuing Authority

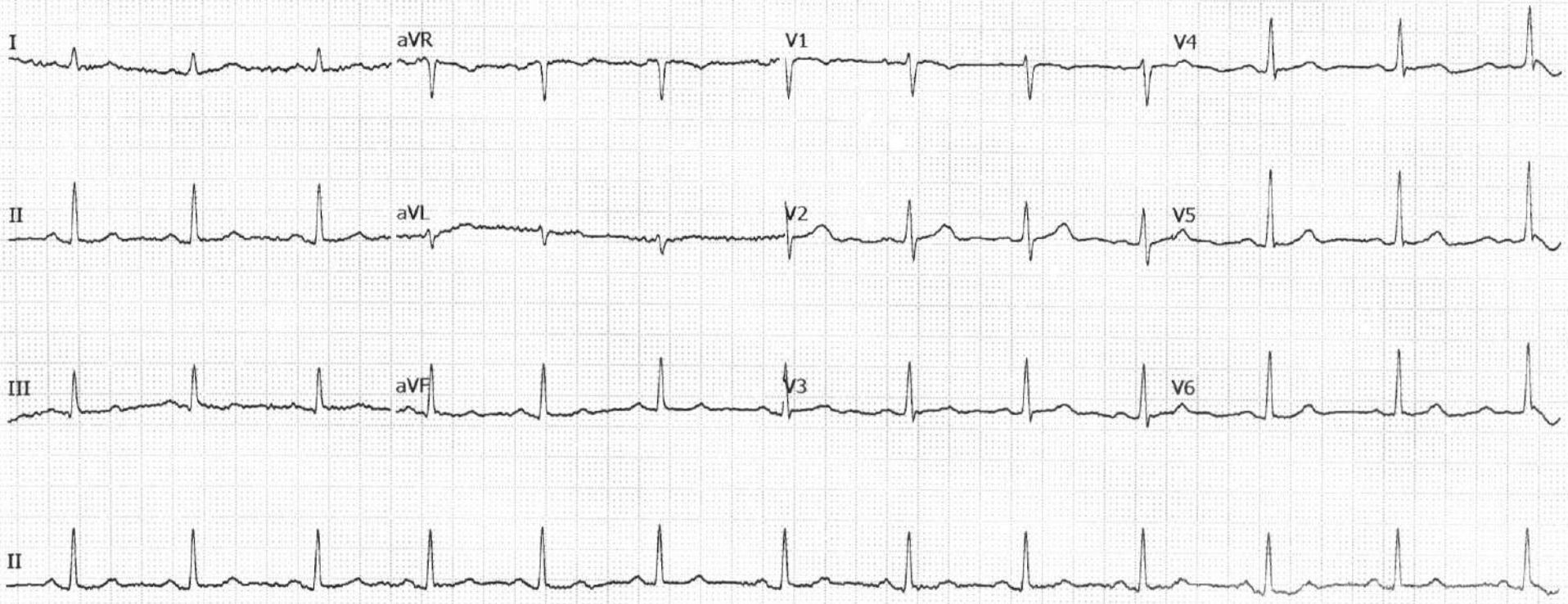


धारक के हस्ताक्षर

Signature of Holder

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 66 ms      Normal sinus rhythm  
QT / QTcBaz : 368 / 416 ms      Normal ECG  
PR : 158 ms  
P : 96 ms  
RR / PP : 780 / 779 ms  
P / QRS / T : 46 / 74 / 42 degrees





Name: Uma Hehta Age: 33y

Complaints:  
Health check up.

No of deliveries:

Last Delivery: N/A

History of abortion:

H/O medical conditions associated:

Last abortions:

DM  
HTN  
Thyroid


MH: Reg:

LMP: 2/10/24

P/A:

P/S:

Ex NAD  
Vaginitis (A)

P/V:

NAD

Sample:-

Vagina  
Cervix

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

Doctors Sign:-

DR. Khushu R

**PATIENT NAME:UMA MAHETA**

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

**DATE:26/10/24**

**DOCTOR:**

**OPDNO:OSP35331**

## SONOGRAPHY OF ABDOMEN AND PELVIS

**LIVER:** Liver appears normal in size and shows normal parenchymal echoes. No evidence of focal or diffuse lesion is seen. No evidence of dilated IHBR is seen. Intrahepatic portal radicles appear normal. No evidence of solid or cystic mass lesion is seen.

**GALL BLADDER:** Gall bladder is physiologically distended and appears normal. No evidence of calculus or changes of cholecystitis are seen. No evidence of pericholecystic fluid collection is seen. CBD appears normal.

**PANCREAS:** Pancreas appears normal in size and shows normal parenchymal echoes. No evidence of pancreatitis or pancreatic mass lesion is seen.

**SPLEEN:** Spleen appears normal in size and shows normal parenchymal echoes. No evidence of focal or diffuse lesion is seen.

**KIDNEYS:** Both kidneys are normal in size, shape and position. Both renal contours are smooth. Cortical and central echoes appear normal. Bilateral cortical thickness appears normal. No evidence of renal calculus, hydronephrosis or mass lesion is seen on either side. No evidence of perinephric fluid collection is seen.

Right kidney measures about 9.9 x 4.2 cms in size.

Left kidney measures about 10.0 x 4.3 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 146 cc.

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

Bilateral adnexa appears normal.

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

  
**DR. SNEHAL PRAJAPATI**  
CONSULTANT RADIOLOGIST

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](http://www.aashkahospitals.in)  
CIN: L85110GJ2012PLC072647



PATIENT NAME:UMA MAHETA

GENDER/AGE:Female / 33 Years

DATE:26/10/24

DOCTOR:

OPDNO:OSP35331

### 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

REPORT REPORT REPORT



ADDRESSOGRAPH

**COLOUR DOPPLER ECHOCARDIOGRAPH REPORT**

Patient's Name : Vma Age : \_\_\_\_\_ Sex : \_\_\_\_\_

Ref. by Doctor : \_\_\_\_\_ IP/OP No. : \_\_\_\_\_ Date: \_\_\_\_\_

MITRAL VALVE :  
AORTIC VALVE :  
TRICUSPID VALVE :  
PULMONARY VALVE :

AORTA : 27  
LEFT ATRIUM : 28  
LV Dd/ Ds : 33 / 23 EF 60%  
IVS / LVPW / D : 10 / 9

IVS :  
IAS :  
RA :  
RV :  
:

PERICARDIUM : n

VEL	PEAK	MEAN
M/S	Gradient mm Hg	Gradient mm Hg
MITRAL	1.0	0.6
AORTIC	1.0	
PULMONARY	0.7	

COLOUR DOPPLER :  
RSVP :

CONCLUSION : (m) LV size / cystic for

COLOUR DOPPLER ECHOCARDIOGRAPH REPORT



## LABORATORY REPORT



Name : **UMA MAHETA** Sex/Age : **Female/ 33 Years** Case ID : **41002200663**  
 Ref.By : Dis. At : Pt. ID : **4611127**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 26-Oct-2024 09:19	Sample Type :	Mobile No :
Sample Date and Time : 26-Oct-2024 09:19	Sample Coll. By :	Ref Id1 : OSP35331
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 : O24256377

### Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
<b>Blood Urea Nitrogen (BUN)</b>			
BUN (Blood Urea Nitrogen)	<b>5.6</b>	mg/dL	7.00 - 18.70
<b>Glyco Hemoglobin (HbA1c)</b>			
HbA1C	<b>5.90</b>	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes ≥6.5: Diabetes
<b>Haemogram (CBC)</b>			
Haemoglobin	<b>9.4</b>	G%	12.0 - 15.0
PCV(Calc)	<b>29.27</b>	%	36.00 - 46.00
MCV (RBC histogram)	<b>73.0</b>	fL	83.00 - 101.00
MCH (Calc)	<b>23.4</b>	pg	27.00 - 32.00
RDW (RBC histogram)	<b>16.6</b>	%	11.00 - 16.00
<b>Lipid Profile</b>			
HDL Cholesterol	<b>38.00</b>	mg/dL	40 - 60
Chol/HDL	<b>4.37</b>		0 - 4.1
LDL Cholesterol	<b>111.60</b>	mg/dL	0.00 - 100.00
<b>Liver Function Test</b>			
Alkaline Phosphatase	<b>44.20</b>	U/L	46 - 122

Abnormal Result(s) Summary End

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

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## LABORATORY REPORT



Name : **UMA MAHETA** Sex/Age : **Female/ 33 Years** Case ID : **41002200663**  
 Ref.By : Dis. At : Pt. ID : **4611127**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : <b>26-Oct-2024 09:19</b>	Sample Type : <b>Whole Blood EDTA</b>	Mobile No :
Sample Date and Time : <b>26-Oct-2024 09:19</b>	Sample Coll. By :	Ref Id1 : <b>OSP35331</b>
Report Date and Time : <b>26-Oct-2024 10:46</b>	Acc. Remarks : <b>Normal</b>	Ref Id2 : <b>O24256377</b>

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

#### HB AND INDICES

Haemoglobin	L <b>9.4</b>	G%	12.0 - 15.0
RBC (Electrical Impedance)	<b>4.01</b>	millions/cumm	3.80 - 4.80
PCV(Calc)	L <b>29.27</b>	%	36.00 - 46.00
MCV (RBC histogram)	L <b>73.0</b>	fL	83.00 - 101.00
MCH (Calc)	L <b>23.4</b>	pg	27.00 - 32.00
MCHC (Calc)	<b>32.0</b>	gm/dL	31.50 - 34.50
RDW (RBC histogram)	H <b>16.6</b>	%	11.00 - 16.00

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

Total WBC Count	<b>6600</b>	/μL	4000.00 - 10000.00
Neutrophil	[%] <b>56.0</b>	%	EXPECTED VALUES 40.00 - 70.00
Lymphocyte	<b>35.0</b>	%	20.00 - 40.00
Eosinophil	<b>1.0</b>	%	1.00 - 6.00
Monocytes	<b>8.0</b>	%	2.00 - 10.00
Basophil	<b>0.0</b>	%	0.00 - 2.00
			[ Abs ] 3696
			EXPECTED VALUES /μL 2000.00 - 7000.00
			/μL 1000.00 - 3000.00
			/μL 20.00 - 500.00
			/μL 200.00 - 1000.00
			/μL 0.00 - 100.00

#### PLATELET COUNT (Optical)

Platelet Count	<b>298000</b>	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	<b>1.60</b>		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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### Neuberg Diagnostics Private Limited

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

Regd. Office : Plot No. 7, Industrial Estate, Rajiv Gandhi Salai, Perungudi,  
 Chennai - 600096, Tamil Nadu, India. | CIN - U85300TN2017PTC114099  
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## LABORATORY REPORT



Name : **UMA MAHETA** Sex/Age : **Female/ 33 Years** Case ID : **41002200663**  
Ref.By : Dis. At : Pt. ID : **4611127**  
Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : 26-Oct-2024 09:19	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 26-Oct-2024 09:19	Sample Coll. By :	Ref Id1 : OSP35331
Report Date and Time : 26-Oct-2024 10:46	Acc. Remarks : Normal	Ref Id2 : O24256377

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

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

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M.D. (Pathologist)

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## LABORATORY REPORT



Name : **UMA MAHETA** Sex/Age : **Female/ 33 Years** Case ID : **41002200663**  
Ref.By : Dis. At : Pt. ID : **4611127**  
Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 26-Oct-2024 09:19	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 26-Oct-2024 09:19	Sample Coll. By :	Ref Id1 : OSP35331
Report Date and Time : 26-Oct-2024 10:05	Acc. Remarks : Normal	Ref Id2 : O24256377

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	NEGATIVE

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

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## LABORATORY REPORT



Name : **UMA MAHETA** Sex/Age : **Female/ 33 Years** Case ID : **41002200663**  
 Ref.By : Dis. At : Pt. ID : **4611127**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 26-Oct-2024 09:19 Sample Type : **Plasma Fluoride F,Plasma Fluoride PP,Serum** Mobile No :  
 Sample Date and Time : 26-Oct-2024 09:19 Sample Coll. By : Ref Id1 : **OSP35331**  
 Report Date and Time : 26-Oct-2024 14:32 Acc. Remarks : **Normal** Ref Id2 : **O24256377**

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Plasma Glucose - F <i>Photometric,Hexokinase</i>	88.00	mg/dL	70.0 - 100	
Plasma Glucose - PP <i>Photometric,Hexokinase</i>	112.6	mg/dL	70.0 - 140.0	
BUN (Blood Urea Nitrogen) <i>GLDH</i>	L 5.6	mg/dL	7.00 - 18.70	
Uric Acid <i>Uricase</i>	2.80	mg/dL	2.6 - 6.0	
Creatinine <i>Jaffe - Kinetic</i>	0.61	mg/dL	0.5 - 1.0	

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

**Dr. Pavan Dave**  
 DCP, DNB (PATH)  
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**Dr. Aakash Shah**  
 MD. Path.  
 Consultant Pathologist

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## LABORATORY REPORT



Name : <b>UMA MAHETA</b>	Sex/Age : <b>Female/ 33 Years</b>	Case ID : <b>41002200663</b>
Ref.By :	Dis. At :	Pt. ID : <b>4611127</b>
Bill. Loc. : <b>Aashka hospital</b>		Pt. Loc :
Reg Date and Time : <b>26-Oct-2024 09:19</b>	Sample Type : <b>Whole Blood EDTA</b>	Mobile No :
Sample Date and Time : <b>26-Oct-2024 09:19</b>	Sample Coll. By :	Ref Id1 : <b>OSP35331</b>
Report Date and Time : <b>26-Oct-2024 15:38</b>	Acc. Remarks : <b>Normal</b>	Ref Id2 : <b>O24256377</b>

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

HbA1C <i>HPLC</i>	H <b>5.90</b>		% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	<b>122.63</b>	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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DCP, DNB (PATH)  
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# Neuberg Supratech

## Chromatogram Report

REFERENCE LABORATORIES

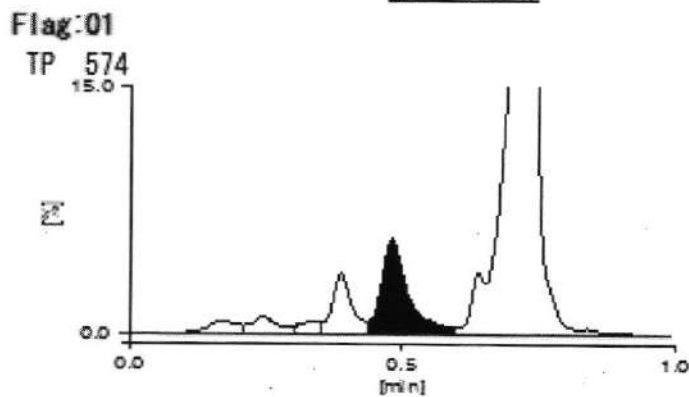
( A unit of Neuberg Diagnostics Private Limited )

AIG 2 2024-10-26 15:04:14  
 ID 241002200663  
 Sample No. 2024102615020141 SL 0001 - 04  
 Patient ID  
 Name  
 Comment

CALIB (N) Y = 1.1486X + 0.4747			
Name	%	Time	Area
FP			
A1A	0.7	0.18	4.12
A1B	0.9	0.24	5.10
F	0.5	0.35	2.88
LA1C+	2.1	0.39	12.12
SA1C	5.9	0.48	27.31
A0	91.6	0.72	533.22
H-VAR			
Total Area			584.75

**HbA1c 5.9 %**

**HbF 0.5 %**





## LABORATORY REPORT



Name : **UMA MAHETA** Sex/Age : **Female/ 33 Years** Case ID : **41002200663**  
 Ref.By : Dis. At : Pt. ID : **4611127**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 26-Oct-2024 09:19	Sample Type : Serum	Mobile No :
Sample Date and Time : 26-Oct-2024 09:19	Sample Coll. By :	Ref Id1 : OSP35331
Report Date and Time : 26-Oct-2024 14:32	Acc. Remarks : Normal	Ref Id2 : O24256377

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

#### Lipid Profile

Cholesterol <i>Enzymatic</i>	166.00	mg/dL	110 - 200
HDL Cholesterol <i>Accelerator Selective Detergent</i>	L 38.00	mg/dL	40 - 60
Triglyceride <i>Arsenazo - Colorimetric</i>	82.00	mg/dL	<150
VLDL	16.40	mg/dL	10 - 40
Chol/HDL <i>Calculated</i>	H 4.37		0 - 4.1
LDL Cholesterol <i>Enzymatic</i>	H 111.60	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 : **4611127**  
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : 26-Oct-2024 09:19	Sample Type : Serum	Mobile No :
Sample Date and Time : 26-Oct-2024 09:19	Sample Coll. By :	Ref Id1 : OSP35331
Report Date and Time : 26-Oct-2024 15:30	Acc. Remarks : Normal	Ref Id2 : O24256377

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

#### Liver Function Test

S.G.P.T. <i>NADH (Without P-5-P)</i>	7.00	U/L	< 34
S.G.O.T. <i>NADH (Without P-5-P)</i>	19.00	U/L	5.0 - 34.0
Alkaline Phosphatase <i>Enzymatic, PNPP-AMP</i>	L <b>44.20</b>	U/L	46 - 122
Gamma Glutamyl Transferase <i>Multipoint Rate-L-y-Glytamyl-p-nitroanilide</i>	16.00	U/L	0 - 38
Proteins (Total) <i>Biuret</i>	7.58	gm/dL	6.40 - 8.30
Albumin <i>(BCG)</i>	4.38	gm/dL	3.5 - 5.2
Globulin	3.20	gm/dL	2 - 4.1
A/G Ratio <i>Calculated</i>	1.37		1.0 - 2.1
Bilirubin Total <i>Colorimetric Diazo Method</i>	0.39	mg/dL	0.3 - 1.2
Bilirubin Conjugated <i>Colorimetric Diazo Method</i>	0.14	mg/dL	0 - 0.50
Bilirubin Unconjugated	0.25	mg/dL	0 - 0.8

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

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## LABORATORY REPORT



Name : <b>UMA MAHETA</b>	Sex/Age : <b>Female/ 33 Years</b>	Case ID : <b>41002200663</b>
Ref.By :	Dis. At :	Pt. ID : <b>4611127</b>
Bill. Loc. : <b>Aashka hospital</b>		Pt. Loc. :
Reg Date and Time : <b>26-Oct-2024 09:19</b>	Sample Type : <b>Serum</b>	Mobile No :
Sample Date and Time : <b>26-Oct-2024 09:19</b>	Sample Coll. By :	Ref Id1 : <b>OSP35331</b>
Report Date and Time : <b>26-Oct-2024 10:45</b>	Acc. Remarks : <b>Normal</b>	Ref Id2 : <b>O24256377</b>

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>Thyroid Function Test</b>				
Triiodothyronine (T3)	102.79	ng/dL	70 - 204	
Thyroxine (T4) <small>CMA</small>	7.00	ng/dL	4.87 - 11.72	
TSH <small>CMA</small>	3.518	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)

**Dr. Shreya Shah**

M.D. (Pathologist)

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## LABORATORY REPORT



Name : <b>UMA MAHETA</b>	Sex/Age : <b>Female/ 33 Years</b>	Case ID : <b>41002200663</b>
Ref.By :	Dis. At :	Pt. ID : <b>4611127</b>
Bill. Loc. : <b>Aashka hospital</b>		Pt. Loc. :
Reg Date and Time : <b>26-Oct-2024 09:19</b>	Sample Type : <b>Serum</b>	Mobile No. :
Sample Date and Time : <b>26-Oct-2024 09:19</b>	Sample Coll. By :	Ref Id1 : <b>OSP35331</b>
Report Date and Time : <b>26-Oct-2024 10:45</b>	Acc. Remarks : <b>Normal</b>	Ref Id2 : <b>O24256377</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/↑	↓

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

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M.D. (Pathologist)

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## LABORATORY REPORT



Name : <b>UMA MAHETA</b>	Sex/Age : <b>Female/ 33 Years</b>	Case ID : <b>41002200663</b>
Ref.By :	Dis. At :	Pt. ID : <b>4611127</b>
Bill. Loc. : <b>Aashka hospital</b>		Pt. Loc. :
Reg Date and Time : <b>26-Oct-2024 09:19</b>	Sample Type : <b>Spot Urine</b>	Mobile No :
Sample Date and Time : <b>26-Oct-2024 09:19</b>	Sample Coll. By :	Ref Id1 : <b>OSP35331</b>
Report Date and Time : <b>26-Oct-2024 10:46</b>	Acc. Remarks : <b>Normal</b>	Ref Id2 : <b>O24256377</b>

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

### URINE EXAMINATION

#### Physical Examination

Colour	Pale yellow
Transparency	Clear

#### Chemical Examination

Sp.Gravity	1.025	1.005 - 1.030
pH	6.0	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

#### Microscopic Examination

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)

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## LABORATORY REPORT



Name : **UMA MAHETA** Sex/Age : **Female/ 33 Years** Case ID : **41002200663**  
 Ref.By : Dis. At : Pt. ID : **4611127**  
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : 26-Oct-2024 09:19 Sample Type : **Spot Urine** Mobile No :  
 Sample Date and Time : 26-Oct-2024 09:19 Sample Coll. By : Ref Id1 : **OSP35331**  
 Report Date and Time : 26-Oct-2024 10:46 Acc. Remarks : **Normal** Ref Id2 : **O24256377**

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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Doctor Name:-

S/B Dr. Shreyal Cewar

UHID: \_\_\_\_\_ Date: 26/10/24 Time: 4:40 PM.

Patient Name: Omer Maheta. Age/Sex: 33 year / female.  
Height: \_\_\_\_\_  
Weight: \_\_\_\_\_

Chief Complain: come here for health check up.

History: not known

Allergy History: None

Nutritional Screening: Well-Nourished / Malnourished / Obese

Examination: HR = 98/min  
SpO<sub>2</sub> = 98% on RA.  
BP = 90/50 mm Hg  
FeBAC = 5.90.  
API Reports = WNL

Diagnosis: Pt is fit.

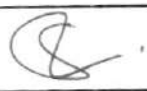
Investigation

Rx

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

Advice: Physician Reference for Feb A<sub>1</sub>C = 5-90

Follow-up:

Consultant's Sign: 

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



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

Prescription

UHID:	Date:	Time:
Patient Name: <i>Uma Mehhta</i>	Age /Sex: Height: Weight:	
Chief Complain: <i>Regular checkup</i>		
History:		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination:		
Extra oral : <i>class I Ca rt</i>	<i>6/6</i>	
Intra oral – Teeth Present :		
Teeth Absent :		
Diagnosis:		

Prescription

Prescription

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

Other Advice:

Ab  
 ① CE Cur 6/2

Follow-up:

Consultant's Sign:





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

UHID:	Date: 26/10/24	Time: 11:36 AM
Patient Name: Uma Mehta	Age: 33y	Mobile No:
Complaint and duration: CW white discharge on 80%.		
History: Menstrual history: RNF.		
Cycles	Flow	Duration of Bleeding
Presence of pain		
LMP: 2/10/24.		
H/O Associated illnesses:		
HTN:	DM:	
Thyroid disorder:	Others:	
Family History: NAD.		
Medication history: NAD.		
Obstetric History: Nil		
No of deliveries:	Last child:	
Allergy History: NAD.		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
General Examination:		
CVS	BP:	Oedema of ft
RS: NAD.	Wt: 57.2 k.g.	Tongue
Breast examination:		

P/

P/S :- Op HAD!  
Vaginitis (P)

A

L/E

P/V :- HAD

P/S- cervix

P/V

Provisional Diagnosis:

Investigation: Pap's smear |

Plan of care:

Rx

No	Dosage Form	Name of drug (IN BLOCK LETTERS ONLY)	Dose	Route	Frequency	Duration
		T. Clingenforte		PV.	0-01 x 3d	2w

Follow-up: Review & Reports

Consultant's Sign: DR. Khushboo (P)

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

<b>UHID:</b>	<b>Date:</b>	<b>Time:</b>
<b>Patient Name:</b>		<b>Age /Sex:</b> <b>Height:</b> 150 cm <b>Weight:</b> 57.2 kg
<b>History:</b> C/O Corneal High Myopia		
<b>Allergy History:</b>		
<b>Nutritional Screening:</b> Well-Nourished / Malnourished / Obese		
<b>Examination:</b> VU 6114 6112 VUC cor 616 516 216 Coloboma nose		
<b>Diagnosis:</b> Refractive error		

Prescription

Rx

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

Eye examination:

	RIGHT			LEFT		
	S	C	A	S	C	A
D						
N						

Other Advice:

Follow-up:

Consultant's Sign:

