बैंक ऑफ बड़ौदा
Bank of Baroda

नाम **Shailendrakumar Singh**
Name

कर्मचारी कूट क्र. 102720
Employee Code No.

जारीकर्ता प्राधिकारी
Issuing Authority

धारक के हस्ताक्षर
Signature of Holder

10:27 82%

Health Check up Booking Confirmed Request(bobE12666),Package Code-PKG10000476, Beneficiary Code-297343

Inbox

Mediwheel 11 Mar

to me, customercare

Show pictures

011-41195959

Dear **SHAILENDRA KUMAR SINGH** ,

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

Hospital Package Name	Mediwheel Full Body Health Checkup Male Above 40

Mediwheel Full

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

PATIENT SAFETY & QUALITY OF CARE ACCREDITED

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

UHID: OSP 33590	Date:	Time:
Patient Name:		Age /Sex: Height: 175 Weight: 80
History: Comm Health Hosp. Pt has glaucoma last - 8-10 yrs On lens 4 years.		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination: VA 6/18 6/18 IVT consultation 6/6 6/6 N/6 Colour vision. Normal		
Diagnosis:		Refractive error

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	180	+1.25	+1.75	180
N	+1.75	+0.50	180	+1.25	+1.75	180

Other Advice:

Chys + gulsh

Follow-up:

Consultant's Sign:

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aashka HOSPITAL

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

UHID: OSP33590 Date: 23/3/24 Time:

Patient Name: Sheilendrakumar. Age /Sex: 57/M
Height: 175
Weight: 80

Chief Complain:

History: - Routine dental check up

Allergy History:

Nutritional Screening: Well-Nourished / Malnourished / Obese

Examination:

Extra oral : -

Intra oral – Teeth Present : → Gen. attrition present.

Teeth Absent : - 6 / 1 1 6 7

Diagnosis:

Rx

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

Other Advice:

→ Full woman Rehabilitation.

→ Sealing

Follow-up:

Consultant's Sign:

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aashka HOSPITAL

Dr. MAULIK VYAS
M.B.B.S., D.T.C.D., T.D.D.
Reg.no: G-0749
CHEST PHYSICIAN, ALLERGY SPECIALIST and INTERVENTIONAL PULMONOLOGIST

NAME: SATYENDRA KUMAR SINGH.

Date: 23/9/24.

AGE: 51 yrs. SEX: M.

Pulse= 94/min

Height: Weight:

B.P. = 120/80 mm Hg.

Chief Complains: Total chole = 237 mg/dl.

R.R.= 20/min

Spo2= 98%.

TG = 226 mg/dl.

Temp.= (N)

LDL = 155 mg/dl.

R.B.S.= 145 mg/dl

Body built / Nutritional status: None.

Sleep cycle: (N)

Any known allergies: None

E.C.G.: (N).

K/C/O: - (DM-II), HTN, Thyroid, Hyperlipidemia, Asthma, COPD, TB, Cancer, ILD, etc.

On Rx Tab. GMSTAR M2 0-1-0
Tab Teneligliptin 1-0-0] x 4-5 yrs.

Provisional Diagnosis:

*General Examination: -

Clubbing:
Cyanosis: (N)
Edema:

- Lymph node enlargement: None.

*On Examination:-

-Breath sounds: Normal Breath sound/ Wheezing/Crackles/Stridor/Rhonchi/Plural friction rub.

- Chest movements: (N)

- Air entry : AE = BE.

Rx,

Tab. ATORVA F 0-0-1 x (1) months.

Advi:- (1) "FTI FOR DUTY"

(2) Follow up after (1) months

(3). life style modification.

M.B. VYAS

Advices:

1) Chest X ray (PA),

2) USG Abdomen ,

3) HRCT thorax (P)/ Contrast,

4) Skin Prick test for allergy / Allergy Screening Tests (By IMMUNO-EIA)

5) Pulmonary Function Test (PFT) with /without DLCO,

6) Bronchoscopy (Flexible / Rigid),

7) Plural fluid examination (Biochemical / Hematological / Bacteriological/TB-fungal culture/ Cytological),

8) Sputum Examination (Routine / Microscopic / Microbiological),

9) Blood investigations:-

- CBC, PS For MP, CRP, ESR, SGPT, S. Creatinine, S.electrolytes, HIV, HBsAg, Dengue NS1, Urine(R/M) , Widal test, VDRL test, Liver Function test , Kidney Function test, Lipid profile, Thyroid profile (T3,T4,TSH).

-ABG (Arterial blood gas),

-D- Dimmer level,

-Procalcitonin level,

-Alpha antitrypsin level,

-Total and specific Ig E level ,

-Angiotensis converting enzyme,

*<u>Tumor markers :-</u>

-CEA (carcinoembryonic antigen),

-Neuron specific enolase (NSE)(Small cell carcinoma),

-SCC(Squamous cell carcinoma antigen),

-CTFRA 21-1(Non small cell carcinoma),

-Mesothelin (Malignant mesothelioma),

10) Follow up after days/months.

11) Inform SOS.

12) Admission.

Dr. Maulik Vyas

Contrast 226 166 05 0459 LOT D 942 #

, Shailendrakuar

23.03.2024 11:58:01 AM
AASHKA HOSPITAL LTD.
SARGASAN
GANDHINAGAR

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

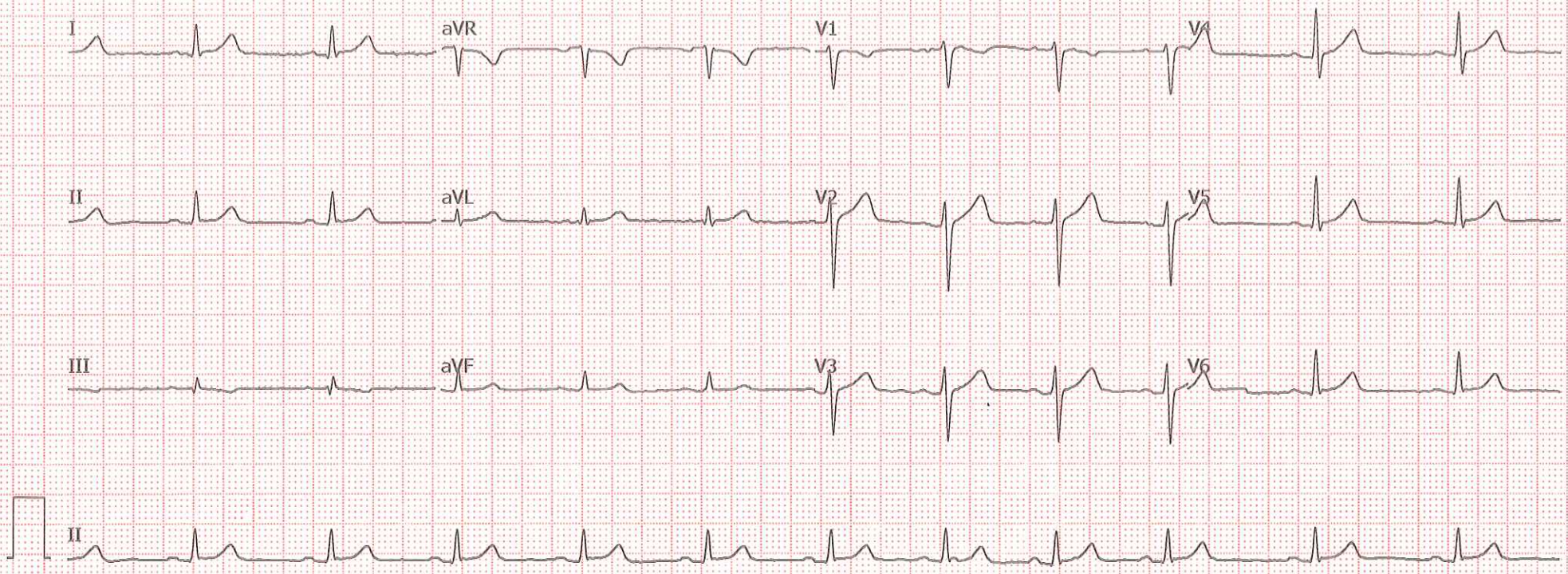
Room:

71 bpm
-- / -- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS :	76 ms
QT / QTcBaz :	360 / 391 ms
PR :	146 ms
P :	84 ms
RR / PP :	846 / 845 ms
P / QRS / T :	55 / 43 / 25 degrees

Normal sinus rhythm with sinus arrhythmia
Normal ECG



Unconfirmed

GE MAC2000 1.1 12SL™ v241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz 4x2.5x3 25 R1 1/1

Neuberg Supratech
REFERENCE LABORATORIES
(A unit of Neuberg Diagnostics Private Limited)

LABORATORY REPORT

Name	: SHAILENDRAKUMAR SINGH	Sex/Age	: Male / 51 Years	Case ID	: 40302200641
Ref.By	: HOSPITAL	Dis. At	:	Pt. ID	: 3455383
Bill. Loc.	: Aashka hospital			Pt. Loc	:

Reg Date and Time	: 23-Mar-2024 10:41	Sample Type	:	Mobile No	:
Sample Date and Time	: 23-Mar-2024 10:41	Sample Coll. By	:	Ref Id1	: OSP33590
Report Date and Time	:	Acc. Remarks	: Normal	Ref Id2	: O232411332

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Blood Glucose Fasting & Postprandial			
Plasma Glucose - F	**145.72**	mg/dL	70.0 - 100
Plasma Glucose - PP	**249.67**	mg/dL	70.0 - 140.0
Glyco Hemoglobin (HbA1c)			
HbA1C	**6.24**	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes
Haemogram (CBC)			
RBC (Electrical Impedance)	**4.42**	millions/cu mm	4.50 - 5.50
PCV(Calc)	**39.69**	%	40.00 - 50.00
Lipid Profile			
Cholesterol	**237.93**	mg/dL	110 - 200
HDL Cholesterol	**36.7**	mg/dL	48 - 77
Triglyceride	**226.53**	mg/dL	<150
VLDL	**45.31**	mg/dL	10 - 40
Chol/HDL	**6.48**		0 - 4.1
LDL Cholesterol	**155.92**	mg/dL	0.00 - 100.00

Abnormal Result(s) Summary End

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

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LABORATORY REPORT

Name	: SHAILENDRAKUMAR SINGH	Sex/Age : Male / 51 Years	Case ID : 40302200641
Ref.By	: HOSPITAL	Dis. At :	Pt. ID : 3455383
Bill. Loc.	: Aashka hospital		Pt. Loc :

Reg Date and Time	: 23-Mar-2024 10:41	Sample Type	: Whole Blood EDTA	Mobile No	:
Sample Date and Time	: 23-Mar-2024 10:41	Sample Coll. By	:	Ref Id1	: OSP33590
Report Date and Time	: 23-Mar-2024 11:04	Acc. Remarks	: Normal	Ref Id2	: O232411332

HAEMOGRAM REPORT

TEST		RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
HB AND INDICES					
Haemoglobin		13.3	G%	13.00 - 17.00	
RBC (Electrical Impedance)	L	**4.42**	millions/cumm	4.50 - 5.50	
PCV(Calc)	L	**39.69**	%	40.00 - 50.00	
MCV (RBC histogram)		89.8	fL	83.00 - 101.00	
MCH (Calc)		30.1	pg	27.00 - 32.00	
MCHC (Calc)		33.5	gm/dL	31.50 - 34.50	
RDW (RBC histogram)		14.30	%	11.00 - 16.00	
TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)					
Total WBC Count		8440	/µL	4000.00 - 10000.00	

	[%]		EXPECTED VALUES	[Abs]		EXPECTED VALUES
Neutrophil	60.0	%	40.00 - 70.00	5064	/µL	2000.00 - 7000.00
Lymphocyte	34.0	%	20.00 - 40.00	2870	/µL	1000.00 - 3000.00
Eosinophil	2.0	%	1.00 - 6.00	169	/µL	20.00 - 500.00
Monocytes	4.0	%	2.00 - 10.00	338	/µL	200.00 - 1000.00
Basophil	0.0	%	0.00 - 2.00	0	/µL	0.00 - 100.00

PLATELET COUNT (Optical)			
Platelet Count	214000	/µL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	1.76		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 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	: **SHAILENDRAKUMAR SINGH**	Sex/Age : **Male** / 51 Years	Case ID : **40302200641**
Ref.By	: HOSPITAL	Dis. At :	Pt. ID : 3455383
Bill. Loc.	: Aashka hospital		Pt. Loc :

Reg Date and Time	: 23-Mar-2024 10:41	Sample Type	: Whole Blood EDTA	Mobile No	:
Sample Date and Time	: 23-Mar-2024 10:41	Sample Coll. By	:	Ref Id1	: OSP33590
Report Date and Time	: 23-Mar-2024 12:54	Acc. Remarks	: Normal	Ref Id2	: O232411332

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR *Westergren Method*	**10**	mm after 1hr	3 - 20	

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

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Ref.By : HOSPITAL		Dis. At :	Pt. ID : 3455383
Bill. Loc. : Aashka hospital			Pt. Loc :
Reg Date and Time : 23-Mar-2024 10:41	Sample Type : Whole Blood EDTA		Mobile No :
Sample Date and Time : 23-Mar-2024 10:41	Sample Coll. By :		Ref Id1 : OSP33590
Report Date and Time : 23-Mar-2024 11:02	Acc. Remarks : Normal		Ref Id2 : O232411332

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
HAEMATOLOGY INVESTIGATIONS				
BLOOD GROUP AND RH TYPING (Erythrocyte Magnetized Technology) (Both Forward and Reverse Group)				
ABO Type	**B**			
Rh Type	**POSITIVE**			

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LABORATORY REPORT

Name	: SHAILENDRAKUMAR SINGH	Sex/Age : Male / 51 Years	Case ID : 40302200641
Ref.By	: HOSPITAL	Dis. At :	Pt. ID : 3455383
Bill. Loc.	: Aashka hospital		Pt. Loc :

Reg Date and Time	: 23-Mar-2024 10:41	Sample Type	: Plasma Fluoride F, Plasma Fluoride PP	Mobile No	:
Sample Date and Time	: 23-Mar-2024 10:41	Sample Coll. By	:	Ref Id1	: OSP33590
Report Date and Time	: 23-Mar-2024 14:44	Acc. Remarks	: Normal	Ref Id2	: O232411332

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BIOCHEMICAL INVESTIGATIONS				
Blood Glucose Level (Fasting & Post Prandial)				
Plasma Glucose - F	H 145.72	mg/dL	70.0 - 100	
Plasma Glucose - PP *Photometric,Hexokinase*	H 249.67	mg/dL	70.0 - 140.0	

Referance 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

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LABORATORY REPORT

Name	: SHAILENDRAKUMAR SINGH	Sex/Age : Male / 51 Years	Case ID : 40302200641
Ref.By	: HOSPITAL	Dis. At :	Pt. ID : 3455383
Bill. Loc.	: Aashka hospital		Pt. Loc :

Reg Date and Time	: 23-Mar-2024 10:41	Sample Type	: Whole Blood EDTA	Mobile No	:
Sample Date and Time	: 23-Mar-2024 10:41	Sample Coll. By	:	Ref Id1	: OSP33590
Report Date and Time	: 23-Mar-2024 11:21	Acc. Remarks	: Normal	Ref Id2	: O232411332

Glycated Haemoglobin Estimation

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
HbA1C	H 6.24	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) *Calculated*	132.39	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.

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Ref.By	: HOSPITAL	Dis. At :	Pt. ID : 3455383
Bill. Loc.	: Aashka hospital		Pt. Loc :

Reg Date and Time	: 23-Mar-2024 10:41	Sample Type	: Serum	Mobile No	:
Sample Date and Time	: 23-Mar-2024 10:41	Sample Coll. By	:	Ref Id1	: OSP33590
Report Date and Time	: 23-Mar-2024 13:32	Acc. Remarks	: Normal	Ref Id2	: O232411332

BIOCHEMICAL INVESTIGATIONS

Lipid Profile

TEST		RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Cholesterol *Colorimetric, CHOD-POD*	H	237.93	mg/dL	110 - 200	
HDL Cholesterol	L	36.7	mg/dL	48 - 77	
Triglyceride *Glycerol Phosphate Oxidase*	H	226.53	mg/dL	<150	
VLDL *Calculated*	H	45.31	mg/dL	10 - 40	
Chol/HDL *Calculated*	H	6.48		0 - 4.1	
LDL Cholesterol *Calculated*	H	155.92	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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LABORATORY REPORT

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Ref.By	: HOSPITAL	Dis. At :	Pt. ID : 3455383
Bill. Loc.	: Aashka hospital		Pt. Loc :

Reg Date and Time	: 23-Mar-2024 10:41	Sample Type	: Serum	Mobile No	:
Sample Date and Time	: 23-Mar-2024 10:41	Sample Coll. By	:	Ref Id1	: OSP33590
Report Date and Time	: 23-Mar-2024 13:32	Acc. Remarks	: Normal	Ref Id2	: O232411332

BIOCHEMICAL INVESTIGATIONS

Liver Function Test

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
S.G.P.T. *UV with P5P*	**22.22**	U/L	16 - 63	
S.G.O.T. *UV with P5P*	**16.71**	U/L	15 - 37	
Alkaline Phosphatase *Enzymatic, PNPP-AMP*	**105.57**	U/L	46 - 116	
Gamma Glutamyl Transferase *L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate*	**36.28**	U/L	0 - 55	
Proteins (Total) *Colorimetric, Biuret*	**8.24**	gm/dL	6.40 - 8.30	
Albumin *Bromocresol purple*	**5.00**	gm/dL	3.4 - 5	
Globulin *Calculated*	**3.24**	gm/dL	2 - 4.1	
A/G Ratio *Calculated*	**1.5**		1.0 - 2.1	
Bilirubin Total *Photometry*	**0.38**	mg/dL	0.3 - 1.2	
Bilirubin Conjugated *Diazotization reaction*	**0.31**	mg/dL	0 - 0.50	
Bilirubin Unconjugated *Calculated*	**0.07**	mg/dL	0 - 0.8	

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Report Date and Time	: 23-Mar-2024 13:32	Acc. Remarks	: Normal	Ref Id2	: O232411332

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BUN (Blood Urea Nitrogen) *GLDH*	**8.5**	mg/dL	8.40 - 25.70	
Uric Acid *Uricase*	**5.66**	mg/dL	3.5 - 7.2	
Creatinine	**0.88**	mg/dL	0.50 - 1.50	

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Neuberg Diagnostics Private Limited
Laboratory : "KEDAR" Opposite Krupa Petrol Pump, Near Parimal Garden, Ahmedabad - 380006 079-40408181 / 61618181
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Regd. Office : Plot No. 7, Industrial Estate, Rajiv Gandhi Salai, Perungudi, Chennai - 600096, Tamil Nadu, India. | CIN - U85300TN2017PTC114099
www.neubergsupratech.com

CONDITIONS OF REPORTING

[illegible] limitations which are imposed by the limits of sensitivity and specificity of [illegible] the quality of the specimen received by the laboratory. Isolated laboratory [illegible] diagnosis of the disease but only help in arriving at a diagnosis in conjunction [illegible] and investigations.

[illegible]

[illegible] should be reproduced in full without written approval of the Neuberg Supratech Reference Laboratories.

[illegible] suggested to contact the concerned laboratory personnel as suggested in the table to [illegible] sampling, repeat sampling, reflex/confirmatory testing etc.). Neuberg Supratech [illegible] of retaining & preserving samples after testing for a stipulated period. [illegible] fresh specimen is requested.

[illegible] the referring doctor only.

[illegible] Neuberg Supratech Reference Laboratories (NSRL) locations (within [illegible] the specimen belongs to the patient named or identified, such verification [illegible] generation of the said specimen.

[illegible] COMPLETE RESULTS for various technical reasons and this response will appear [illegible] consistent at the end of the report. It is expected that a fresh specimen will [illegible] the same done material.

[illegible] Ahmedabad is accredited by ICMR and NABL for COVID-19 testing.

Lab Reports [illegible]	Contact Numbers
[illegible]	079-40408120
[illegible]	079-40408145
[illegible]	079-40408132
[illegible]	079-40408114
[illegible]	079-40408117
[illegible]	079-40408161

Other Services	Contact Numbers
[illegible] Dr Amee Shukla	7698009812
[illegible]	9824002011
[illegible]	9824728315
[illegible] Mrs. Sonal Shah	9824408721
[illegible] Mr. Vaishnavi Chauhan	7698009900

[illegible] @neubergsupratech.com with attention to the concerned personnel.

Neuberg Supratech Branches in Ahmedabad

[illegible] 6357244907, Bapunagar - 6356780012/22, [illegible] 2345 0002, Bopal - 02717-235881/82, Gota - 6357244303 [illegible] - 9079624264

Neuberg Supratech Collection Centers in Ahmedabad

[illegible] - 079-26743434, Paldi - 6359900406, Naroda - 079-22804774

Neuberg Center For Genomic Medicine

[illegible] Building, Sindhu Bhavan Road, Dodakdev, Ahmedabad - 380059
[illegible] Email : contact@ncgmglobal.com Website : www.ncgmglobal.com

LABORATORY REPORT

Name	: SHAILENDRAKUMAR SINGH	Sex/Age : Male / 51 Years	Case ID : 40302200641
Ref.By	: HOSPITAL	Dis. At :	Pt. ID : 3455383
Bill. Loc.	: Aashka hospital		Pt. Loc :

Reg Date and Time	: 23-Mar-2024 10:41	Sample Type	: Serum	Mobile No	:
Sample Date and Time	: 23-Mar-2024 10:41	Sample Coll. By	:	Ref Id1	: OSP33590
Report Date and Time	: 23-Mar-2024 11:50	Acc. Remarks	: Normal	Ref Id2	: O232411332

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Thyroid Function Test				
Triiodothyronine (T3)	**80.82**	ng/dL	40 - 181	
Thyroxine (T4) *CMIA*	**6.39**	ng/dL	4.87 - 11.72	
TSH *CMIA*	**3.64**	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 & incipent 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 supressed 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	**Reference range (microIU/ml)**
First trimester	0.24 - 2.00
Second trimester	0.43-2.2
Third trimester	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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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 hormons vary according trimesper in pregnancy.

TSH ref range in Pregnacy	Reference range (microIU/ml)
First triemester	0.24 - 2.00
Second triemester	0.43-2.2
Third triemester	0.8-2.5

	T3	T4	TSH
Normal Thyroid function	N	N	N
Primary Hyperthyroidism	↑	↑	↓
Secondary Hyperthyroidism	↑	↑	↑
Grave's Thyroiditis	↑	↑	↑
T3 Thyrotoxicosis	↑	N	N/↓
Primary Hypothyroidism	↓	↓	↑
Secondary Hypothyroidism	↓	↓	↓
Subclinical Hypothyroidism	N	N	↑
Patient on treatment	N	N/↑	↓

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Dr. Shreya Shah
M.D. (Pathologist)

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Sample Date and Time	: 23-Mar-2024 10:41	Sample Coll. By	:	Ref Id1	: OSP33590
Report Date and Time	: 23-Mar-2024 14:04	Acc. Remarks	: Normal	Ref Id2	: O232411332

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Prostate Specific Antigen (PSA)				
Prostate Specific Antigen *CMIA*	**0.226**	ng/mL	0.00 - 4.00	

	0 - 0.5 *(ng/mL)	>0.5 - 2.5 (ng/mL)	>2.5 - 5.0 (ng/mL)	>5.0 - 10 (ng/mL)	>10 (ng/mL)
Healthy Males	87.2	12.8	0.0	0.0	0.0
BPH	51.9	42.9	4.2	0.5	0.5
Stage A Prostate Cancer	38.5	42.3	11.5	3.8	3.8
Stage B Prostate Cancer	23.9	68.7	7.5	0.0	0.0

*% of population

Use :

The total PSA test and digital rectal exam (DRE) are used together to help determine the need for a prostate biopsy. The goal of screening is to minimize unnecessary biopsies and to detect clinically significant prostate cancer while it is still confined to the prostate.

Clinical Significance of elevated levels of PSA are associated with prostate cancer, but they may also be seen with prostatitis and benign prostatic hyperplasia (BPH). Mild to moderately increased concentrations of PSA may be seen in those of African American heritage, and levels tend to increase in all men as they age.

Prostate biopsy is required for the diagnosis of cancer.

FREE PSA:TOTAL PSA
Males:
When Total PSA concentration is in the range of 4.0-10.0 ng/mL:

	Probability of cancer		
Free PSA/total PSA ratio	50-59 years	60-69 years	> or =70 years
< or =0.10	49%	58%	65%
0.11-0.18	27%	34%	41%
0.19-0.25	18%	24%	30%
>0.25	9%	12%	16%

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

Dr. Sandip Shah
M.D. (Path. & Bact.)
Consultant Pathologist

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Bill. Loc.	: Aashka hospital		Pt. Loc :

Reg Date and Time	: 23-Mar-2024 10:41	Sample Type	: Spot Urine	Mobile No	:
Sample Date and Time	: 23-Mar-2024 10:41	Sample Coll. By	:	Ref Id1	: OSP33590
Report Date and Time	: 23-Mar-2024 11:57	Acc. Remarks	: Normal	Ref Id2	: O232411332

URINE EXAMINATION (STRIP METHOD AND FLOWCYTOMETRY)

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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	

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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	-	-	-	-	-

---------- 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.

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CIN: L85110GJ2012PLC072647

aashka HOSPITAL

PATIENT NAME:SHAILENDRA KUMAR SINGH
GENDER/AGE:Male / 51 Years
DOCTOR:DR.HASIT JOSHI
OPDNO:OSP33590

DATE:23/03/24

2D-ECHO

MITRAL VALVE	: MINIMALLY SCLEROSED	
AORTIC VALVE	: MINIMALLY SCLEROSED	
TRICUSPID VALVE	: NORMAL	
PULMONARY VALVE	: NORMAL	
AORTA	: 33mm	
LEFT ATRIUM	: 34mm	
LV Dd / Ds	: 41/27mm	EF 61%
IVS / LVPW / D	: 12.3/12.3mm	BORDERLINE LVH
IVS	: INTACT	
IAS	: INTACT	
RA	: NORMAL	
RV	: NORMAL	
PA	: NORMAL	
PERICARDIUM	: NORMAL	
VEL	: PEAK	MEAN
M/S	: Gradient mm Hg	Gradient mm Hg
MITRAL	: 1/0.9m/s	
AORTIC	: 1.2m/s	
PULMONARY	: 0.9m/s	
COLOUR DOPPLER	: NO MR/AR/TR	
RVSP	:	
CONCLUSION	: BORDERLINE LVH; NORMAL LV FUNCTION.	

ADV: TMT

CARDIOLOGIST
DR.HASIT JOSHI (9825012235)

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PATIENT NAME:SHAILENDRA KUMAR SINGH
GENDER/AGE:Male / 51 Years
DOCTOR:
OPDNO:OSP33590

DATE:23/03/24

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. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST

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DOCTOR:
OPDNO:OSP33590

SONOGRAPHY OF ABDOMEN AND PELVIS

LIVER: Liver appears normal in size and shows raised parenchymal echoes suggest fatty liver. 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 10.1 x 4.6 cms in size.
Left kidney measures about 10.6 x 4.8 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.

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 9 cc.

COMMENT:
- **Fatty liver grade I.**
- **Normal sonographic appearance of GB, Pancreas, spleen, kidneys, para-aortic region, bladder and prostate.**

RADIOLOGIST
DR.MEHUL PATELIYA