

Health Check up Booking Request(bobE19652)

Message

Mediwheel <wellness@mediwheel.in>
To: Bharatpatel12375@gmail.com
Cc: customercare@mediwheel.in

Sat, 30 Mar, 2024 at 6:14 pm



011-41195959

Dear MR. PATEL BHARATKUMAR BECHARBHAI,

We have received your booking request for the following health checkup, please upload your approval letter as soon as possible to enable us to confirm your booking.

Upload HRV Letter

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

Name of Diagnostic/Hospital : Aashka Multispeciality Hospital

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

Appointment Date : 13-04-2024

Preferred Time : 8:30am

Member Information		
Booked Member Name	Age	Gender
MR. PATEL BHARATKUMAR BECHARBHAI	49 year	Male

Tests included in this Package

- Stool Test
- Thyroid Profile
- ESR
- Blood Glucose (Fasting)
- General Physician Consultation
- TMT OR 2D ECHO
- Blood Group
- Blood Glucose (Post Prandial)
- Chest X-ray
- ECG
- USG Whole Abdomen
- Eye Check-up consultation
- Urine Sugar Fasting
- Urine Sugar PP
- Dental Consultation
- Urine analysis
- CBC
- HbA1c
- Lipid Profile



બંક ઓફ બરોડા
Bank of Baroda

શ્રી Bheratkumar B. Patel

Name

કર્મચારી કોડ નં. 81872

Employee Code No.



જાહેરના પદવિભાગી
Issuing Authority



ધારક કે હસ્તાક્ષર
Signature of Holder

Aashka Hospitals Ltd.

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

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



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

UHID: OSP33774	Date: 13/4/24	Time:
Patient Name: Bhavesh Kumar	Age / Sex: 49 / m.	Height: 163
B. Patel.	Weight: 67.5	
Chief Complain:		
History:	Runtime denture cheek up	
	→ Pen - mucosa cheeking	
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination:		
Extra oral:		
Intra oral - Teeth Present:	Stain +++	
Teeth Absent:	absent +	
Diagnosis:		

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 **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:	OSP39774	Date:	13/04/24	Time:	10:15
Patient Name:	Bhavik Kumbh	Age / Sex:	49	Height:	163
				Weight:	64.5
History:	C/o Comby breathy cough ft hwn gusses 7-8 my HT in 1mt & yellow				
Allergy History:					
Nutritional Screening:	Well-Nourished / Malnourished / Obese				
Examination:	vv 6/24 6/24 vte count 5/9 6/9 nil				
Diagnosis:	Colic vision - Normal Red fracture exam				

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



Bharatbhai Patil

SPS Dr. Zalak

13/4/24

PT is KIDNEY H/O & HYPOTENSION
taking regular medicine.

PT is on Tyroxin 50mg and
INFL + Anlodipin

At present NO any
acute Clo notes.

→ 01/11/2017 - 01/11/2017
BS 120/80mmHg -
RS - BS BF/clear

SPS 9879752777

Adw

- CI diastolic hypertension.
- CI Tyroxin 50mg.
- 1887-11-11

Dr

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CIN: L85110GJ2012PLC072647



PATIENT NAME: BHARATKUMAR B PATEL

GENDER/AGE: Male / 49 Years

DOCTOR:

OPDNO: OSP35774

DATE: 13/04/24

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 14 cc.

COMMENT:

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

RADIOLOGIST

DR. MEHUL PATELIYA

PATIENT NAME: BHARATKUMAR B PATEL

GENDER/AGE: Male / 49 Years

DOCTOR: DR. HASIT JOSHI

OPDNO: OSP33774

DATE: 13/04/24

2D-ECHO

MITRAL VALVE	: NORMAL
AORTIC VALVE	: NORMAL
TRICUSPID VALVE	: NORMAL
PULMONARY VALVE	: NORMAL
AORTA	: 35mm
LEFT ATRIUM	: 35mm
LV Dd / Ds	: 35/25mm
IVS / LVPW / D	: 12/11mm
IVS	: INTACT
IAS	: INTACT
RA	: NORMAL
RV	: NORMAL
PA	: NORMAL
PERICARDIUM	: NORMAL
VEL	: PEAK MEAN
M/S	: Gradient mm Hg Gradient mm Hg
MITRAL	: 0.8/0.5m/s
AORTIC	: 0.8m/s
PULMONARY	: 0.7m/s
COLOUR DOPPLER	: TRIVIAL MR, MILD TR
RVSP	: 30mmHg
CONCLUSION	: BORDERLINE LVH; NORMAL LV FUNCTION.



CARDIOLOGIST

DR. HASIT JOSHI (9825012235)

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



PATIENT NAME: BHARATKUMAR B PATEL

GENDER/AGE: Male / 49 Years

DOCTOR:

OPDNO: OSP33774

DATE: 13/04/24

X-RAY CHEST PA

Both lung fields appear clear

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.

Old healed fracture seen through right sided 1st to 3rd ribs.

Impression:

Normal chest x-ray examination.



RADIOLOGIST

DR. MEHUL PATELIYA

Bhaskar Kumar, Patel

13.04.2024 10:54:49 AM
AASHKA HOSPITAL LTD.
SARGASAN
GANDHINAGAR

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

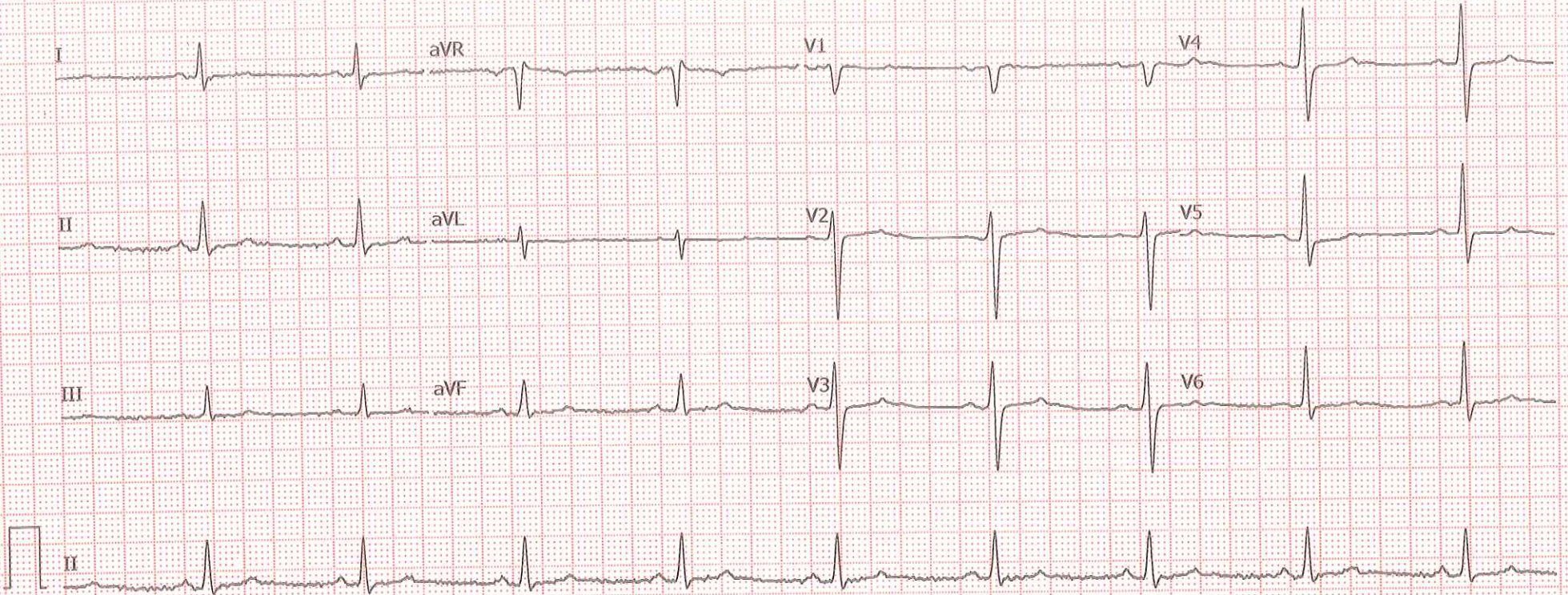
0459 LOT D 942
Room:

57 bpm
-- / -- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 102 ms
QT / QTcBaz : 416 / 404 ms
PR : 134 ms
P : 60 ms
RR / PP : 1052 / 1052 ms
P / QRS / T : 65 / 61 / 40 degrees

Sinus bradycardia
Otherwise normal ECG



1





LABORATORY REPORT



Name : **BHARATKUMAR B PATEL** Sex/Age : **Male / 49 Years** Case ID : **40402200300**
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **3513148**
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : **13-Apr-2024 09:05** Sample Type : Mobile No :
 Sample Date and Time : **13-Apr-2024 09:05** Sample Coll. By : Ref Id1 : **OSP33774**
 Report Date and Time : Acc. Remarks : **Normal** Ref Id2 :

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Glyco Hemoglobin (HbA1c)			
HbA1C	6.24	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes
Lipid Profile			
Cholesterol	203.93	mg/dL	110 - 200
HDL Cholesterol	37.5	mg/dL	48 - 77
Triglyceride	270.30	mg/dL	<150
VLDL	54.06	mg/dL	10 - 40
Chol/HDL	5.44		0 - 4.1
LDL Cholesterol	112.37	mg/dL	0.00 - 100.00
Liver Function Test			
S.G.O.T.	69.25	U/L	15 - 37
Gamma Glutamyl Transferase	139.00	U/L	0 - 55
Thyroid Function Test			
TSH	5.22	µU/mL	0.4 - 4.2
Urine Examination			
Protein	Trace		Negative
Plasma Glucose - F	132.74	mg/dL	70.0 - 100
Plasma Glucose - PP	197.96	mg/dL	70.0 - 140.0

Abnormal Result(s) Summary End

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



LABORATORY REPORT



Name : **BHARATKUMAR B PATEL** Sex/Age : **Male / 49 Years** Case ID : **40402200300**
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **3513148**
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : **13-Apr-2024 09:05** Sample Type : **Whole Blood EDTA** Mobile No :
 Sample Date and Time : **13-Apr-2024 09:05** Sample Coll. By : Ref Id1 : **OSP33774**
 Report Date and Time : **13-Apr-2024 10:13** Acc. Remarks : **Normal** Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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HAEMOGRAM REPORT

HB AND INDICES	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
Haemoglobin	15.3	G%	13.00 - 17.00	
RBC (Electrical Impedance)	5.14	millions/cumm	4.50 - 5.50	
PCV(Calc)	46.41	%	40.00 - 50.00	
MCV (RBC histogram)	90.3	fL	83.00 - 101.00	
MCH (Calc)	29.7	pg	27.00 - 32.00	
MCHC (Calc)	32.9	gm/dL	31.50 - 34.50	
RDW (RBC histogram)	14.30	%	11.00 - 16.00	

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
Total WBC Count	6670	/µL	4000.00 - 10000.00	
Neutrophil	[%] 54.0	%	EXPECTED VALUES 40.00 - 70.00	[Abs] 3602 /µL 2000.00 - 7000.00
Lymphocyte	39.0	%	20.00 - 40.00	2601 /µL 1000.00 - 3000.00
Eosinophil	1.0	%	1.00 - 6.00	67 /µL 20.00 - 500.00
Monocytes	6.0	%	2.00 - 10.00	400 /µL 200.00 - 1000.00
Basophil	0.0	%	0.00 - 2.00	0 /µL 0.00 - 100.00

PLATELET COUNT (Optical)

Platelet Count	312000	/µL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	1.38		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-Very Low, L-Low, H-High, HH-Very High, A-Abnormal)

Dr. Shreya Shah
M.D. (Pathologist)



LABORATORY REPORT



Name : **BHARATKUMAR B PATEL** Sex/Age : **Male / 49 Years** Case ID : **40402200300**
Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **3513148**
Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **13-Apr-2024 09:05** Sample Type : **Whole Blood EDTA** Mobile No :
Sample Date and Time : **13-Apr-2024 09:05** Sample Coll. By : Ref Id1 : **OSP33774**
Report Date and Time : **13-Apr-2024 12:24** Acc. Remarks : **Normal** Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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ESR <i>Westergren Method</i>	08		mm after 1hr 3 - 15	
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Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

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M.D. (Pathologist)



LABORATORY REPORT



Name : **BHARATKUMAR B PATEL** Sex/Age : Male / 49 Years Case ID : 40402200300
Ref.By : AASHKA HOSPITAL Dis. At : Pt. ID : 3513148
Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 13-Apr-2024 09:05 Sample Type : Whole Blood EDTA Mobile No :
Sample Date and Time : 13-Apr-2024 09:05 Sample Coll. By : Ref Id1 : OSP33774
Report Date and Time : 13-Apr-2024 09:45 Acc. Remarks : Normal Ref Id2 :

TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

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

ABO Type A
Rh Type POSITIVE

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

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M.D. (Pathologist)



LABORATORY REPORT



Name : **BHARATKUMAR B PATEL** Sex/Age : **Male / 49 Years** Case ID : **40402200300**
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **3513148**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **13-Apr-2024 09:05** Sample Type : **Plasma Fluoride F, Plasma Fluoride PP, Serum** Mobile No :
 Sample Date and Time : **13-Apr-2024 09:05** Sample Coll. By : Ref Id1 : **OSP33774**
 Report Date and Time : **13-Apr-2024 11:15** Acc. Remarks : **Normal** Ref Id2 :
TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

Plasma Glucose - F H **132.74** mg/dL 70.0 - 100
Plasma Glucose - PP H **197.96** mg/dL 70.0 - 140.0
Photometric, Hexokinase
BUN (Blood Urea Nitrogen) **11.5** mg/dL 8.90 - 20.60
GLDH
Uric Acid **5.90** mg/dL 3.5 - 7.2
Uricase
Creatinine **1.02** mg/dL 0.50 - 1.50

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



Dr. Shreya Shah
 M.D. (Pathologist)



LABORATORY REPORT



Name : **BHARATKUMAR B PATEL** Sex/Age : **Male / 49 Years** Case ID : **40402200300**
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **3513148**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time	: 13-Apr-2024 09:05	Sample Type	: Whole Blood EDTA	Mobile No	:
Sample Date and Time	: 13-Apr-2024 09:05	Sample Coll. By	:	Ref Id1	: OSP33774
Report Date and Time	: 13-Apr-2024 10:13	Acc. Remarks	: Normal	Ref Id2	:

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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Glycated Haemoglobin Estimation

HbA1C	H	6.24	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes
Estimated Avg Glucose (3 Mths) <i>Calculated</i>		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 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 glycaemic 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: (L-VeryLow, L-Low, H-High, HH-VeryHigh ,A-Abnormal)



Dr. Shreya Shah
M.D. (Pathologist)



LABORATORY REPORT



Name : **BHARATKUMAR B PATEL** Sex/Age : Male / 49 Years Case ID : 40402200300
 Ref.By : AASHKA HOSPITAL Dis. At : Pt. ID : 3513148
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 13-Apr-2024 09:05 Sample Type : Serum Mobile No :
 Sample Date and Time : 13-Apr-2024 09:05 Sample Coll. By : Ref Id1 : OSP33774
 Report Date and Time : 13-Apr-2024 11:15 Acc. Remarks : Normal Ref Id2 :

TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol <i>Colorimetric, CHOD-POD</i>	H	203.93	mg/dL	110 - 200
HDL Cholesterol	L	37.5	mg/dL	48 - 77
Triglyceride <i>Glycerol Phosphate Oxidase</i>	H	270.30	mg/dL	<150
VLDL <i>Calculated</i>	H	54.06	mg/dL	10 - 40
Cho/HDL <i>Calculated</i>	H	5.44		0 - 4.1
LDL Cholesterol <i>Calculated</i>	H	112.37	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 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: (LL-VeryLow, L-Low, H-High, HH-VeryHigh, A-Abnormal)

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M.D. (Pathologist)



LABORATORY REPORT



Name : **BHARATKUMAR B PATEL**
 Ref.By : AASHKA HOSPITAL
 Bill. Loc. : Aashka hospital

Sex/Age : Male / 49 Years
 Dis. At :
 Pt. ID : 3513148
 Pt. Loc :

Case ID : 40402200300

Reg Date and Time : 13-Apr-2024 09:05
 Sample Date and Time : 13-Apr-2024 09:05
 Report Date and Time : 13-Apr-2024 11:45

Sample Type : Serum
 Sample Coll. By :
 Acc. Remarks : Normal
 Mobile No :
 Ref Id1 : OSP33774
 Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BIOCHEMICAL INVESTIGATIONS				
Liver Function Test				

S.G.P.T. <i>UV with P5P</i>	43.43	U/L	16 - 63	
S.G.O.T. <i>UV with P5P</i>	H 69.25	U/L	15 - 37	
Alkaline Phosphatase <i>Enzymatic, PNPP-AMP</i>	103.41	U/L	46 - 116	
Gamma Glutamyl Transferase <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate</i>	H 139.00	U/L	0 - 55	
Proteins (Total) <i>Colorimetric, Biuret</i>	7.69	gm/dL	6.40 - 8.30	
Albumin <i>Bromocresol purple</i>	4.15	gm/dL	3.4 - 5	
Globulin <i>Calculated</i>	3.54	gm/dL	2 - 4.1	
A/G Ratio <i>Calculated</i>	1.2		1.0 - 2.1	
Bilirubin Total <i>Photometry</i>	0.62	mg/dL	0.3 - 1.2	
Bilirubin Conjugated <i>Diazotization reaction</i>	0.25	mg/dL	0 - 0.50	
Bilirubin Unconjugated <i>Calculated</i>	0.37	mg/dL	0 - 0.8	

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LABORATORY REPORT



Name : **BHARATKUMAR B PATEL** Sex/Age : **Male / 49 Years** Case ID : **40402200300**
Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **3513148**
Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **13-Apr-2024 09:05** Sample Type : **Serum** Mobile No :
Sample Date and Time : **13-Apr-2024 09:05** Sample Coll. By : Ref Id1 : **OSP33774**
Report Date and Time : **13-Apr-2024 10:44** Acc. Remarks : **Normal** Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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Thyroid Function Test

Triiodothyronine (T3)	105.40	ng/dL	70 - 204	
Thyroxine (T4) CMIA	8.32	ng/dL	4.87 - 11.72	
TSH CMIA	H 5.22	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-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

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M.D. (Pathologist)



LABORATORY REPORT



Name : **BHARATKUMAR B PATEL** Sex/Age : **Male / 49 Years** Case ID : **40402200300**
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **3513148**
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 Report Date and Time : **13-Apr-2024 10:44** Acc. Remarks : **Normal** Ref Id2 :

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.
 Reference range (microIU/ml)
 TSH ref range in Pregnancy
 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 Hypothyroidism	↑	↑	↓
Secondary Hypothyroidism	↑	↑	↑
Grave's Thyroiditis	↑	↑	↑
T3 Thyrotoxicosis	↑	N	N/↓
Primary Hypothyroidism	↓	↓	↑
Secondary Hypothyroidism	↓	↓	↓
Subclinical Hypothyroidism	N	N	↑
Patient on treatment	N	N/↑	↓

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

Dr. Shreya Shah
 M.D. (Pathologist)



LABORATORY REPORT



Name : **BHARATKUMAR B PATEL** Sex/Age : **Male / 49 Years** Case ID : **40402200300**
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **3513148**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **13-Apr-2024 09:05** Sample Type : **Spot Urine** Mobile No :
 Sample Date and Time : **13-Apr-2024 09:05** Sample Coll. By : Ref Id1 : **OSP33774**
 Report Date and Time : **13-Apr-2024 11:07** Acc. Remarks : **Normal** Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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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	Trace		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)

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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/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	-	-	-	-	-

Pending Services
Prostate Specific Antigen level

----- 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 of 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-Very Low, L-Low, H-High, HH-Very High ,A-Abnormal)



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