

## Health Check up Booking Confirmed Request(bobS15029),Package Code-PKG10000474, Beneficiary Code-308058

Wellness : Mediwheel : New Delhi <wellness@mediwheel.in>

Wed 13-03-2024 14:12

To:monali.chhatravala@gmail.com <monali.chhatravala@gmail.com>  
Cc:Customer Care :Mediwheel : New Delhi <customercare@mediwheel.in>



**Mediwheel**  
...Your wellness partner

011-41195959

Dear **MRS. ZOLAPARA MONALI BHAGVAT**,

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

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

**Patient Package Name** : Mediwheel Full Body Health Checkup Male Below 40

**Name of Diagnostic/Hospital** : Aashka Multispeciality Hospital

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

**Diagnostic/Hospital-** : -0382421

**City** : Gandhi Nagar

**State** :

**Pincode** : 382421

**Appointment Date** : 23-03-2024

**Confirmation Status** : Booking Confirmed

**Preferred Time** : 8:30am

**Booking Status** : Booking Confirmed

Member Information	
Booked Member Name	Age
Bhagvat Ghanshyambhai zolapara	37 year
	Gender
	Male

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

### Instructions to undergo Health Check:

- Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
- Bring urine sample in a container if possible (containers are available at the Health Check centre).
- Please bring all your medical prescriptions and previous health medical records with you.
- Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.



# 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: BHAGMAT G. ZOLADARA.

AGE: 37 yrs SEX: M.

Height: Weight:

Chief Complaints:

No Complaints.

Date: 23/3/2024.  
Pulse= 74/min.  
B.P.= 120/80mmHg.  
R.R.= 14/min.  
Spo2= 98%  
Temp.=  
R.B.S.=  
Sleep cycle:  
E.C.G.:

Body built / Nutritional status: OK.

Any known allergies: None

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

None

Provisional Diagnosis: "COPD FOR DURY"

\*General Examination:-

- Lymph node enlargement: (N)

\*On Examination:-

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

-Chest movements: (N)

- Air entry: AF=BR.

Rx,

Adv: 1) Life style modification.

2) Inform LOS.

3) Follow up.

4) "PSA."

M.B. MAULIK

mob: 9929650296.

### Advices:


---

- 1) Chest X ray (P.A),
  - 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,
  - \*Tumor markers :-
    - CEA (carcinoembryonic antigen),
    - Neuron specific enolase (NSE) ( Small cell carcinoma),
    - SCC( Squamous cell carcinoma antigen ),
  - 10) Follow up after      days/months.
  - 11) Inform SOS.
  - 12) Admission.
- Alpha antitrypsin level,  
-Total and specific Ig E level ,  
-Angiotensin converting enzyme,  
-CTFRA 21-1(Non small cell carcinoma),  
-Mesothelin (Malignant mesothelioma),

Dr. Maulik Vyas

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

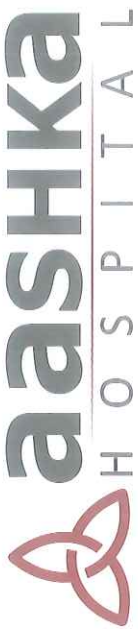
UHID: <b>OSP33588</b>	Date: <b>28/3/24</b>	Time:
Patient Name: <b>Shreyant. A.</b>	Age / Sex: <b>37 / M</b>	Height:
	Weight:	
Chief Complain:		
History: <b>→ Routine dental check up.</b>		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination:		
Extra oral :		
Intra oral – Teeth Present : <b>→</b>	<b>Stain +</b> <b>Caries +</b>	
Teeth Absent : <b>→</b>	<b>Impacted</b> <b>teeth</b> <b>8</b>	
Diagnosis:		





Aashka Hospitals Ltd.

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



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

UHID:	OSP 33588	Date: 23-03-21	Time: 10:15
Patient Name:	Bhaskar	Age / Sex:	
		Height:	190
		Weight:	62.2
History:	Compt Healthy chart.		
Allergy History:			
Nutritional Screening:	Well-Nourished / Malnourished / Obese		
Examination:	VU & GLE GRL WLD COLLEVISION - Normal		
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						
N						

Other Advice:

Follow-up:

Consultant's Sign: 



23.03.2024 11:20:25 AM  
AASHKA HOSPITAL LTD.  
SARGASAN  
GANDHINAGAR

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

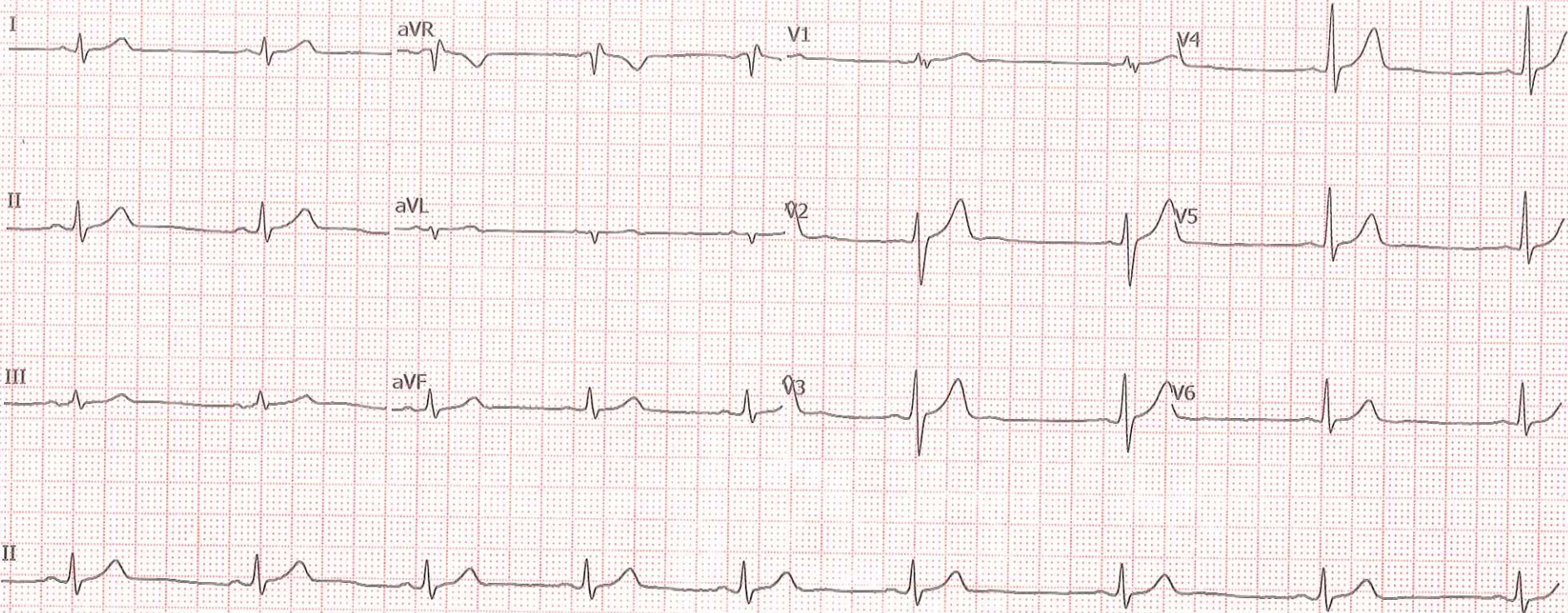
Room:

52 bpm  
-- / -- mmHg

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 100 ms  
QT / QTcBaz : 408 / 379 ms  
PR : 130 ms  
P : 94 ms  
RR / PP : 1160 / 1153 ms  
P / QRS / T : 38 / 73 / 57 degrees

Sinus bradycardia with sinus arrhythmia  
Otherwise normal ECG









## LABORATORY REPORT



Name : BHAGAVAT G ZOLAPARA

Sex/Age : Male / 37 Years Case ID : 40302200639

Ref.By : HOSPITAL

Dis. At :

Pt. ID : 3455334

Bill. Loc. : Aashka hospital

Pt. Loc :

Reg Date and Time : 23-Mar-2024 10:26 Sample Type :

Mobile No :

Sample Date and Time : 23-Mar-2024 10:26 Sample Coll. By :

Ref Id1 : OSP33588

Report Date and Time : Acc. Remarks : Normal

Ref Id2 : O232411332

### Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
<b>Blood Urea Nitrogen (BUN)</b>			
BUN (Blood Urea Nitrogen)	8.5	mg/dL	8.90 - 20.60
<b>Haemogram (CBC)</b>			
Haemoglobin	12.4	G%	13.00 - 17.00
RBC (Electrical Impedance)	4.20	millions/cu mm	4.50 - 5.50
PCV(Calc)	36.12	%	40.00 - 50.00
<b>Lipid Profile</b>			
HDL Cholesterol	41.3	mg/dL	48 - 77
LDL Cholesterol	112.94	mg/dL	0.00 - 100.00
<b>Liver Function Test</b>			
S.G.P.T.	12.04	U/L	16 - 63
S.G.O.T.	14.86	U/L	15 - 37

Abnormal Result(s) Summary End

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

UNITED STATES GOVERNMENT

Department of the Interior  
Bureau of Land Management  
Washington, D.C. 20250

TO: [Name] [Address] [City, State, Zip]

FROM: [Name] [Address] [City, State, Zip]

SUBJECT: [Subject]

[Text]

[Text]

[Text]

[Text]

[Text]

[Text]

[Text]

[Text]

[Text]



## LABORATORY REPORT



Name : **BHAGAVAT G ZOLAPARA**

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Male / 37 Years

Dis. At :

Pt. Loc :

Case ID : 40302200639

Pt. ID : 3455334

Pt. Loc :

Reg Date and Time : 23-Mar-2024 10:26 Sample Type : Whole Blood EDTA

Sample Date and Time : 23-Mar-2024 10:26 Sample Coll. By :

Mobile No :

Report Date and Time : 23-Mar-2024 11:02 Acc. Remarks : Normal

Ref Id1 : OSP33588

Ref Id2 : O232411332

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

#### HB AND INDICES

Haemoglobin	L	12.4	G%	13.00 - 17.00
RBC (Electrical Impedance)	L	4.20	millions/cumm	4.50 - 5.50
PCV(Calc)	L	36.12	%	40.00 - 50.00
MCV (RBC histogram)		86.0	fL	83.00 - 101.00
MCH (Calc)		29.6	pg	27.00 - 32.00
MCHC (Calc)		34.4	gm/dL	31.50 - 34.50
RDW (RBC histogram)		13.30	%	11.00 - 16.00

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

Total WBC Count		4520	/µL	4000.00 - 10000.00
Neutrophil	L	52.0	%	40.00 - 70.00
Lymphocyte		40.0	%	20.00 - 40.00
Eosinophil		3.0	%	1.00 - 6.00
Monocytes		5.0	%	2.00 - 10.00
Basophil		0.0	%	0.00 - 2.00

#### PLATELET COUNT (Optical)

Platelet Count		207000	/µL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)		1.30		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 : BHAGAVAT G ZOLAPARA

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Male / 37 Years

Case ID : 40302200639

Dis. At :

Pt. ID : 3455334

Pt. Loc :

Reg Date and Time : 23-Mar-2024 10:26 Sample Type : Whole Blood EDTA

Sample Date and Time : 23-Mar-2024 10:26 Sample Coll. By :

Report Date and Time : 23-Mar-2024 11:21 Acc. Remarks : Normal

Mobile No :

Ref Id1 : OSP33588

Ref Id2 : O232411332

### TEST

RESULTS

UNIT

BIOLOGICAL REF RANGE

REMARKS

**ESR**  
*Westergren Method*

06

mm after 1hr 3 - 15

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, | Regd. Office : Plot No. 7, Industrial Estate, Rajiv Gandhi Salai, Perungudi, Ahmedabad - 380006 | 079-40408181 / 61618181 | Chennai - 600096, Tamil Nadu, India. | CIN - U85300TN2017PTC114099 | contact@neubergsupratech.com | www.neubergsupratech.com





## LABORATORY REPORT



Name : BHAGAVAT G ZOLAPARA

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Male / 37 Years

Dis. At :

Pt. Loc :

Case ID : 40302200639

Pt. ID : 3455334

Pt. Loc :

Reg Date and Time : 23-Mar-2024 10:26

Mobile No :

Sample Date and Time : 23-Mar-2024 10:26

Ref Id1 : OSP33588

Report Date and Time : 23-Mar-2024 10:43

Ref Id2 : O232411332

Sample Type : Whole Blood EDTA

Sample Coll. By :

Acc. Remarks : Normal

TEST

RESULTS

UNIT BIOLOGICAL REF RANGE

REMARKS

### HAEMATOTOLOGY INVESTIGATIONS

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

ABO Type

Rh Type

O

POSITIVE

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

Dr. Shreya Shah

M.D. (Pathologist)

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UNITED STATES GOVERNMENT

OFFICE OF THE DIRECTOR, BUREAU OF REVENUE  
WASHINGTON, D. C. 20548

Form No. 104 (Rev. 1-25-60)

1. Name of the donor: [Name]

2. Address of the donor: [Address]

3. Name of the donee: [Name]

4. Address of the donee: [Address]

5. Description of the property: [Description]

6. Date of the gift: [Date]

7. Value of the property: [Value]

8. Name of the donee: [Name]

9. Name of the donor: [Name]

10. Name of the donee: [Name]

11. Name of the donor: [Name]



## LABORATORY REPORT



Name : BHAGAVAT G ZOLAPARA

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Male / 37 Years

Dis. At :

Pt. Loc :

Case ID : 40302200639

Pt. ID : 3455334

Pt. Loc :

Reg Date and Time : 23-Mar-2024 10:26

Sample Type : Plasma Fluoride F, Plasma Fluoride PP

Mobile No :

Sample Date and Time : 23-Mar-2024 10:26

Sample Coll. By :

Ref Id1 : OSP33588

Report Date and Time : 23-Mar-2024 15:00

Acc. Remarks : Normal

Ref Id2 : O232411332

RESULTS UNIT BIOLOGICAL REF RANGE

REMARKS

### BIOCHEMICAL INVESTIGATIONS

#### Blood Glucose Level (Fasting & Post Prandial)

Plasma Glucose - F	98.05	mg/dL	70.0 - 100
Plasma Glucose - PP <i>Photometric, Hexokinase</i>	92.82	mg/dL	70.0 - 140.0

Reference range has been changed as per recent guidelines of ISPAD 2018.

<100 mg/dL : Normal level

100-<126 mg/dL: Impaired fasting glucoseeer guidelines

>=126 mg/dL: Probability of Diabetes, Confirm as per guidelines

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

Dr. Shreya Shah

M.D. (Pathologist)

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Ahmedabad - 380006 ☎ 079-40408181 / 61618181

Regd. Office : Plot No. 7, Industrial Estate, Rajiv Gandhi Salai, Perungudi,  
Chennai - 600096, Tamil Nadu, India. | CIN - U85300TN2017PTC114099  
✉ contact@neubergsupratech.com 🌐 www.neubergsupratech.com

UNITED STATES DEPARTMENT OF THE INTERIOR

Geological Survey

Washington, D. C.

Report of Progress

1900

Geological Survey

Geological Survey

Washington, D. C.

1900

Geological Survey

Washington, D. C.

1900

Geological Survey

Washington, D. C.

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Geological Survey

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Washington, D. C.

1900





## LABORATORY REPORT



Name : BHAGAVAT G ZOLAPARA

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Male / 37 Years Case ID : 40302200639

Dis. At :

Pt. ID : 3455334

Pt. Loc :

Reg Date and Time : 23-Mar-2024 10:26 Sample Type : Whole Blood EDTA

Sample Date and Time : 23-Mar-2024 10:26 Sample Coll. By :

Report Date and Time : 23-Mar-2024 11:02 Acc. Remarks : Normal

Mobile No :

Ref Id1 : OSP33588

Ref Id2 : O232411332

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

HbA1C	5.54	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	112.30	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)

**Dr. Shreya Shah**  
M.D. (Pathologist)

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www.neubergsupratech.com

MINUTE OF MEETING

The meeting was held on the 15th day of August 1950 at 8.00 PM in the hall of the school.

The meeting was presided over by the Headmaster, Mr. J. S. ...

The minutes of the meeting held on the 15th day of August 1949 were read and approved.

The Headmaster reported that the school had a successful year and that the students had made good progress.

The Headmaster also reported that the school had received a grant from the Government for the purchase of new books.

The meeting then adjourned until the next meeting on the 15th day of September 1950.

Headmaster, Mr. J. S. ...

Secretary, Mr. ...

Mr. ...

Mr. ...

Mr. ...

Mr. ...

Mr. ...

Mr. ...

Mr. ...

Mr. ...

Mr. ...

Mr. ...

Mr. ...

Mr. ...

Mr. ...

Mr. ...

Mr. ...

Mr. ...

Mr. ...

Mr. ...

Mr. ...

Mr. ...



## LABORATORY REPORT



Name : BHAGAVAT G ZOLAPARA

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Male / 37 Years

Dis. At :

Case ID : 40302200639

Pt. ID : 3455334

Pt. Loc :

Reg Date and Time : 23-Mar-2024 10:26 Sample Type : Serum

Sample Date and Time : 23-Mar-2024 10:26 Sample Coll. By :

Report Date and Time : 23-Mar-2024 12:52 Acc. Remarks : Normal

Mobile No :

Ref Id1 : OSP33588

Ref Id2 : O232411332

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

#### Lipid Profile

<b>Cholesterol</b> <i>Colorimetric, CHOD-POD</i>	167.90	mg/dL	110 - 200	
<b>HDL Cholesterol</b>	L 41.3	mg/dL	48 - 77	
<b>Triglyceride</b> <i>Glycerol Phosphate Oxidase</i>	68.31	mg/dL	<150	
<b>VLDL</b> <i>Calculated</i>	13.66	mg/dL	10 - 40	
<b>Chol/HDL</b> <i>Calculated</i>	4.07		0 - 4.1	
<b>LDL Cholesterol</b> <i>Calculated</i>	H 112.94	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
Biochemie 130-159	High >240		High 200-499

- 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)



**Dr. Shreya Shah**  
M.D. (Pathologist)

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Printed On : 23-Mar-2024 15:01









## LABORATORY REPORT



Name : BHAGAVAT G ZOLAPARA

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Male / 37 Years

Dis. At :

Pt. Loc :

Case ID : 40302200639

Pt. ID : 3456334

Pt. Loc :

Reg Date and Time : 23-Mar-2024 10:26 Sample Type : Serum

Sample Date and Time : 23-Mar-2024 10:26 Sample Coll. By :

Report Date and Time : 23-Mar-2024 12:52 Acc. Remarks : Normal

Mobile No :

Ref Id1 : OSP33588

Ref Id2 : O232411332

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

### BIOCHEMICAL INVESTIGATIONS

#### Liver Function Test

<b>S.G.P.T.</b> <i>UV with PSp</i>	L	12.04	U/L	16 - 63
<b>S.G.O.T.</b> <i>UV with PSp</i>	L	14.86	U/L	15 - 37
<b>Alkaline Phosphatase</b> <i>Enzymatic, PNPP-AMP</i>		59.22	U/L	46 - 116
<b>Gamma Glutamyl Transferase</b> <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide</i> Substrate		17.98	U/L	0 - 55
<b>Proteins (Total)</b> <i>Colorimetric, Biuret</i>		7.74	gm/dL	6.40 - 8.30
<b>Albumin</b> <i>Bromocresol purple</i>		4.78	gm/dL	3.4 - 5
<b>Globulin</b> <i>Calculated</i>		2.96	gm/dL	2 - 4.1
<b>A/G Ratio</b> <i>Calculated</i>		1.6		1.0 - 2.1
<b>Bilirubin Total</b> <i>Photometry</i>		0.65	mg/dL	0.3 - 1.2
<b>Bilirubin Conjugated</b> <i>Diazotization reaction</i>		0.36	mg/dL	0 - 0.50
<b>Bilirubin Unconjugated</b> <i>Calculated</i>		0.29	mg/dL	0 - 0.8

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

**Dr. Shreya Shah**

M.D. (Pathologist)

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Ref Id2 : O232411332

Sample Type : Serum

Sample Coll. By :

Acc. Remarks : Normal

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

BUN (Blood Urea Nitrogen)  
GLDH L 8.5 mg/dL 8.90 - 20.60

Uric Acid  
Uricase 4.59 mg/dL 3.5 - 7.2

Creatinine 0.82 mg/dL 0.50 - 1.50

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

Dr. Shreya Shah

M.D. (Pathologist)

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1. Introduction

2. Objectives

3. Methodology

4. Results

5. Discussion

6. Conclusion

7. References

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15. Introduction

16. Objectives

17. Methodology

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19. Discussion

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21. References

22. Appendix

23. Glossary

24. Index

25. Summary

26. Acknowledgements



## LABORATORY REPORT

Name : BHAGAVAT G ZOLAPARA

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Male / 37 Years

Case ID : 40302200639

Dis. At :

Pt. ID : 3455334

Pt. Loc :

Reg Date and Time : 23-Mar-2024 10:26

Sample Type : Serum

Sample Date and Time : 23-Mar-2024 10:26

Sample Coll. By :

Report Date and Time : 23-Mar-2024 11:41

Acc. Remarks : Normal

Mobile No :

Ref Id1 : OSP33588

Ref Id2 : O232411332

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

### Thyroid Function Test

Triiodothyronine (T3)	106.76	ng/dL	70 - 204	
Thyroxine (T4) C/M/A	6.66	ng/dL	4.87 - 11.72	
TSH C/M/A	1.70	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 concentrations (>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 antianimal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

### TSH ref range in pregnancy

First trimester	0.24 - 2.00
Second trimester	0.43-2.2
Third trimester	0.8-2.5

### Reference range (microIU/ml)

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



Dr. Shreya Shah  
M.D. (Pathologist)

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CONFIDENTIAL

1. The following information was obtained from a confidential source who has provided reliable information in the past.

2. The source has provided information regarding the activities of the [redacted] group in the [redacted] area.

3. The source has provided information regarding the activities of the [redacted] group in the [redacted] area.

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16. The source has provided information regarding the activities of the [redacted] group in the [redacted] area.





## LABORATORY REPORT



Name : BHAGAVAT G ZOLAPARA

Sex/Age : Male / 37 Years Case ID : 40302200639

Ref.By : HOSPITAL

Dis. At :

Bill. Loc. : Aashka hospital

Pt. ID : 3455334

Pt. Loc :

Reg Date and Time : 23-Mar-2024 10:26

Mobile No :

Sample Type : Serum

Sample Date and Time : 23-Mar-2024 10:26

Sample Coll. By :

Ref Id1 : OSP33588

Report Date and Time : 23-Mar-2024 11:41

Acc. Remarks : Normal

Ref Id2 : O232411332

**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, suppressed 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, hypothyroidism 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

First trimester

Second trimester

Third trimester

Reference range (microU/ml)

0.24 - 2.00

0.43-2.2

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

Dr. Shreya Shah

M.D. (Pathologist)

Printed On : 23-Mar-2024 15:01



# STATEMENT OF REPORTING

The following information is provided for the reporting period from 1/1/2018 to 12/31/2018. The information is provided for the reporting period from 1/1/2018 to 12/31/2018. The information is provided for the reporting period from 1/1/2018 to 12/31/2018.

1. Name of the reporting entity: [Entity Name]

2. Reporting period: [Reporting Period]

3. Description of the reporting entity: [Description of the reporting entity]

4. Reporting period: [Reporting Period]

5. Description of the reporting entity: [Description of the reporting entity]

6. Reporting period: [Reporting Period]

7. Description of the reporting entity: [Description of the reporting entity]

## Contract Numbers

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## LABORATORY REPORT



**Name :** BHAGAVAT G ZOLAPARA      Sex/Age : Male / 37 Years      Case ID : 40302200639  
**Ref.By :** HOSPITAL      Dis. At :  
**Bill. Loc. :** Aashka hospital      Pt. Loc :  
**Reg Date and Time :** 23-Mar-2024 10:26      Sample Type : Spot Urine      Mobile No :  
**Sample Date and Time :** 23-Mar-2024 10:26      Sample Coll. By :      Ref Id1 : OSP33588  
**Report Date and Time :** 23-Mar-2024 10:48      Acc. Remarks : Normal      Ref Id2 : O232411332

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

### URINE EXAMINATION (STRIP METHOD AND FLOWCYTOMETRY)

<u>Physical examination</u>				
Colour	Pale yellow			
Transparency	Clear			
<u>Chemical Examination By Sysmex UC-3500</u>				
Sp.Gravity	1.015		1.005 - 1.030	
pH	6.00		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	
<u>Flowcytometric Examination By Sysmex UF-5000</u>				
Leucocyte	Nil	/HPF	Nil	
Red Blood Cell	Nil	/HPF	Nil	
Epithelial Cell	Present +	/HPF	Present(+)	
Bacteria	Nil	/µL	Nil	
Yeast	Nil	/µL	Nil	
Cast	Nil	/HPF	Nil	
Crystals	Nil	/HPF	Nil	

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



**Dr. Shreya Shah**  
M.D. (Pathologist)

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# FUNCTIONS OF REPORTING

The first function of reporting is to provide information to the management of the organization. This information is used to make decisions about the organization's future. The second function of reporting is to provide information to the shareholders of the organization. This information is used to make decisions about the organization's future.

The third function of reporting is to provide information to the public.

The fourth function of reporting is to provide information to the government.

The fifth function of reporting is to provide information to the media. The sixth function of reporting is to provide information to the general public.

The seventh function of reporting is to provide information to the industry.

The eighth function of reporting is to provide information to the academic community. The ninth function of reporting is to provide information to the research community.

The tenth function of reporting is to provide information to the government. The eleventh function of reporting is to provide information to the public.

The twelfth function of reporting is to provide information to the industry.

## Accounting Numbers

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## LABORATORY REPORT

Name : BHAGAVAT G ZOLAPARA

Ref By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Male / 37 Years

Dis. At :

Pt. Loc :

Case ID : 40302200639

Pt. ID : 3455334

Pt. Loc :

Reg Date and Time : 23-Mar-2024 10:26 Sample Type : Spot Urine

Sample Date and Time : 23-Mar-2024 10:26 Sample Coll. By :

Mobile No :

Report Date and Time : 23-Mar-2024 10:48 Acc. Remarks : Normal

Ref Id1 : OSP33588

Ref Id2 : O232411332

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
Glucose	mg/dL	Negative (<30)	30	50	100	300
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
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.

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 Perimal Garden, Ahmedabad - 380006 | 079-40408181 / 61618181 | contact@neubergsupratech.com

Regd. Office : Plot No. 7, Industrial Estate, Rajiv Gandhi Solai, Perungudi, Chennai - 600096, Tamil Nadu, India. | CIN - U85300TN2017PTC114099 | www.neubergsupratech.com

# CONTENTS OF REPORT

The following pages contain the report of the committee on the subject of the proposed changes in the curriculum of the Department of Psychology, University of California, Berkeley, for the year 1964-65.

The report is divided into two parts: a general statement of the committee's findings and recommendations, and a detailed description of the proposed curriculum changes.

The committee's findings are based on a study of the current curriculum and a survey of the needs of the students and the faculty. The committee believes that the proposed changes will result in a more balanced and comprehensive curriculum.

The detailed description of the proposed curriculum changes is contained in the following pages. The committee believes that these changes will result in a more balanced and comprehensive curriculum.

The committee believes that these changes will result in a more balanced and comprehensive curriculum. The committee believes that these changes will result in a more balanced and comprehensive curriculum.

The committee believes that these changes will result in a more balanced and comprehensive curriculum. The committee believes that these changes will result in a more balanced and comprehensive curriculum.

## General Statement

The committee believes that the proposed changes will result in a more balanced and comprehensive curriculum. The committee believes that these changes will result in a more balanced and comprehensive curriculum. The committee believes that these changes will result in a more balanced and comprehensive curriculum.

## Curriculum Changes

The committee believes that the proposed changes will result in a more balanced and comprehensive curriculum. The committee believes that these changes will result in a more balanced and comprehensive curriculum. The committee believes that these changes will result in a more balanced and comprehensive curriculum.

## Appendix: Proposed Courses to be Deleted

The committee believes that the proposed changes will result in a more balanced and comprehensive curriculum. The committee believes that these changes will result in a more balanced and comprehensive curriculum. The committee believes that these changes will result in a more balanced and comprehensive curriculum.

## Appendix: Proposed Courses to be Added

The committee believes that the proposed changes will result in a more balanced and comprehensive curriculum. The committee believes that these changes will result in a more balanced and comprehensive curriculum. The committee believes that these changes will result in a more balanced and comprehensive curriculum.



**Aashka Hospitals Ltd.**

Between Sargasan and Reliance Cross Roads  
Sargasan, Gandhinagar - 382421, Gujarat, India  
Phone: 079-29750750, +91-7575006000 / 9000  
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www.aashkahospitals.in  
CIN: L85110GJ2012PLC072647

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



**PATIENT NAME: BHAGVAT GHANSHYAMBHAI ZOLAPARA**

**GENDER/AGE: Male / 37 Years**

**DATE: 23/03/24**

**DOCTOR:**

**OPDNO: OSP33588**

## 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 collapsed.

**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. Prevoid bladder volume measures about 120 cc.

**PROSTATE:** Prostate appears normal in size and shows normal parenchymal echoes. No evidence of pathological calcification or solid or cystic mass lesion is seen.  
Prostate volume measures about 14 cc.

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



**RADIOLOGIST**

**DR. MEHUL PATELIYA**



PATIENT NAME: BHAGVAT GHANSHYAMBHAI ZOLAPARA

GENDER/AGE: Male / 37 Years

DOCTOR: DR. HASIT JOSHI

OPDNO: OSP33588

DATE: 23/03/24

## 2D-ECHO

MITRAL VALVE	: MILD MVP
AORTIC VALVE	: NORMAL
TRICUSPID VALVE	: NORMAL
PULMONARY VALVE	: NORMAL
AORTA	: 31mm
LEFT ATRIUM	: 33mm
LV Dd / Ds	: 40/26mm
IVS / LVPW / D	: 10/9mm
IVS	: INTACT
IAS	: INTACT
RA	: NORMAL
RV	: NORMAL
PA	: NORMAL
PERICARDIUM	: NORMAL
VEL	: PEAK
M/S	: Gradient mm Hg
MITRAL	: 1/0.7m/s
AORTIC	: 1.2m/s
PULMONARY	: 0.9m/s
COLOUR DOPPLER	: NO MR/AR/TR
RVSP	:
CONCLUSION	: NORMAL LV SIZE / SYSTOLIC FUNCTION; UPCS +.

**CARDIOLOGIST**

DR. HASIT JOSHI (9825012235)







**Aashka Hospitals Ltd.**

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CIN: L85110GJ2012PLC072647

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



PATIENT NAME: **BHAGVAT GHANSHYAMBHAI ZOLAPARA**

GENDER/AGE: **Male / 37 Years**

DATE: **23/03/24**

DOCTOR:

OPDNO: **OSP33588**

**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

