



Health Check up Booking Confirmed Request(bobS17017),Package Code-PKG10000477, Beneficiary Code-295977

1 message

Mediwheel <wellness@mediwheel.in>
To: k.g.trivedi239@gmail.com
Cc: customercare@mediwheel.in

Mon, 1 Apr, 2024 at 12:25 pm



Mediwheel
...Your wellness partner

011-41195959

Dear **K.g.trivedi**,

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

Hospital Package Name : Mediwheel Full Body Health Checkup Female Above 40

Patient Package Name : Mediwheel Full Body Health Checkup Female Above 40

Name of Diagnostic/Hospital : Aashka Multispeciality Hospital

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

City : Gandhi Nagar

State : Gujarat

Pincode : 382421

Appointment Date : 02-04-2024

Confirmation Status : Booking Confirmed

Preferred Time : 8:00am-8:30am

Booking Status : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
Prabhaven krishna kumar	52 year	Female

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

Instructions to undergo Health Check:

- Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
- Bring urine sample in a container if possible (containers are available at the Health Check centre).
- 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.

For Women:

- Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
- It is advisable not to undergo any Health Check during menstrual cycle.

Request you to reach half an hour before the scheduled time.
In case of further assistance, Please reach out to Team Mediwheel.

Thanks,
Mediwheel Team
Please Download Mediwheel App



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Bank of Baroda

K G Trivedi

52560

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

UHID: <u>OSP 33655</u>	Date: <u>02/06/24</u>	Time: <u>10⁰⁰</u>
Patient Name: <u>Prabhakar Y. K. Trivedi</u>	Age / Sex: <u>524 / F</u>	Height: <u>157 cm</u>
	Weight: <u>82.09 kg</u>	
History: <u>C10 Compay Hestle chud</u> <u>Pr hair HT in 10-12 mm</u>		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination: <u>Vu 26/9</u> <u>GIR</u> <u>VUC COMU</u> <u>26/9</u> <u>G/S</u> <u>N/E</u> <u>Color vision normal</u>		
Diagnosis:		<u>Refractive error</u>

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

UHID:	OSP33655	Date:	2/4/24	Time:	
Patient Name:	Porebher ben Trivedi	Age/Sex:	52/F	Height:	157
		Weight:	62.9		
Chief Complain:	→ Routine dentures check up				
History:	→ betent not chewing 2-3 times a days				
Allergy History:					
Nutritional Screening:	Well-Nourished / Malnourished / Obese				
Examination:					
Extra oral :					
Intra oral – Teeth Present :	Stain ++ calculus ++				
Teeth Absent :	non retention present				
Diagnosis:					

Rx

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

Other Advice:

→ habit quitting
→ Smoking

Follow-up:

Consultant's Sign:

Sejari

Prabhakaben
Trivedi
Age: see: 30

2/4/25

1/6: menopause

3m 4yr

- NO Active

9/H

Gynaec treatment
sought

1st F+L88/7/1ch

24yr

~~no active~~

- 80% Freq.

2nd F+D/7/1wop.

P/
A807P

60% of HT

to take

NO gynaec complaints

Prescription

Dr. MAULIK VYAS

M.B.B.S., D.T.C.D., C.C.P.E.
 Registration No: G-0749

Consulting Physician and Interventional Pulmonologist

NAME: **PHABHABEN TRIVEDI.**

Date: **2/1/2024.**

AGE: **52 yrs** SEX: **F.**

Pulse = **90/min**

Height: Weight:

B.P. = **130/90 mm Hg.**

Chief Complains:

R.R. = **18/min**

None.

Spo2 = **98%**

Temp. = **(NI)**

R.B.S. = **136 mg/dl**

Body built / Nutritional status:

Sleep cycle **(NI)**

Any known allergies:

E.C.G.: **(NI)**

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

K/C/O: **CAD. (PTCA Done).**

Provisional Diagnosis: **"RPT FOR DVT"**



*General Examination:-

Clubbing: **(NI)**

- Lymph node enlargement: **(NI)**

Cyanosis: **(NI)**

*On Examination:-

Edema: **(NI)**

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

- Chest movements: **(NI)**

- Air entry: **AE = BE.**

Rx,

Tab. DAPAFOR 1 - a - 1 x **30 days. o.d.**

Tab. INNEBOSE A (7+10) 0 - a - 1 x **30 days. o.d.**

Adv: **(1) Follow up.**

(2) 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- Dimer level,
 - Procalcitonin level,
 - Alpha antitrypsin level,
 - Total and specific Ig.E level ,
 - Angiotensin converting enzyme,
 - *Tumor markers :-
 - 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 ~~30 days~~ 30 days/~~months~~.
- 11) Inform SOS.
- 12) Admission.

m. B. Vyas
Dr. Maulik Vyas

mob 9923670226



LABORATORY REPORT



Name : PRABHABEN K TRIVEDI	Sex/Age : Female/ 52 Years	Case ID : 40402200028
Ref.By :	Dis. At :	Pt. ID : 3479964
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 02-Apr-2024 08:39	Sample Type :	Mobile No :
Sample Date and Time : 02-Apr-2024 08:39	Sample Coll. By :	Ref Id1 : OSP33655
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 :

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Blood Glucose Fasting & Postprandial			
Plasma Glucose - F	136.13	mg/dL	70 - 100
Plasma Glucose - PP	156.63	mg/dL	70.0 - 140.0
Glyco Hemoglobin (HbA1c)			
HbA1C	6.16	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes
Haemogram (CBC)			
Haemoglobin	10.6	G%	12.0 - 15.0
PCV(Calc)	31.54	%	36.00 - 46.00
MCV (RBC histogram)	73.0	fL	83.00 - 101.00
MCH (Calc)	24.5	pg	27.00 - 32.00
Lipid Profile			
Cholesterol	201.81	mg/dL	110 - 200
HDL Cholesterol	44.4	mg/dL	48 - 77
Chol/HDL	4.55		0 - 4.1
LDL Cholesterol	129.78	mg/dL	0.00 - 100.00
ESR	36	mm after 1hr	3 - 30

Abnormal Result(s) Summary End

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

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LABORATORY REPORT



Name : PRABHABEN K TRIVEDI Sex/Age : Female/ 52 Years Case ID : 40402200028
 Ref.By : Dis. At : Pt. ID : 3479964
 Bill. Loc. : Aashka hospital Pt. Loc. :
 Reg Date and Time : 02-Apr-2024 08:39 Sample Type : Whole Blood EDTA Mobile No :
 Sample Date and Time : 02-Apr-2024 08:39 Sample Coll. By : Ref Id1 : OSP33655
 Report Date and Time : 02-Apr-2024 09:04 Acc. Remarks : Normal Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin	L 10.6	G%	12.0 - 15.0
RBC (Electrical Impedance)	4.32	millions/cumm	3.80 - 4.80
PCV(Calc)	L 31.54	%	36.00 - 46.00
MCV (RBC histogram)	L 73.0	fL	83.00 - 101.00
MCH (Calc)	L 24.5	pg	27.00 - 32.00
MCHC (Calc)	33.5	gm/dL	31.50 - 34.50
RDW (RBC histogram)	14.90	%	11.00 - 16.00

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

TEST	RESULTS	UNIT	EXPECTED VALUES	[Abs]	EXPECTED VALUES
Total WBC Count	6140	/μL	4000.00 - 10000.00	3684	/μL 2000.00 - 7000.00
Neutrophil	[%] 60.0	%	40.00 - 70.00	2026	/μL 1000.00 - 3000.00
Lymphocyte	33.0	%	20.00 - 40.00	61	/μL 200.00 - 500.00
Eosinophil	1.0	%	1.00 - 6.00	368	/μL 200.00 - 1000.00
Monocytes	6.0	%	2.00 - 10.00	0	/μL 0.00 - 100.00
Basophil	0.0	%	0.00 - 2.00		

PLATELET COUNT (Optical)

Platelet Count	285000	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	1.82		0.78 - 3.53

SMEAR STUDY

RBC Morphology	Microcytic hypochromic RBCS.
WBC Morphology	Total WBC count within normal limits.
Platelet	Platelets are adequate in number.
Parasite	Malarial Parasite not seen on smear.

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

Dr. Shreya Shah

M.D. (Pathologist)

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LABORATORY REPORT



Name : PRABHABEN K TRIVEDI	Sex/Age : Female/ 52 Years	Case ID : 40402200028
Ref.By :	Dis. At :	Pt. ID : 3479964
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 02-Apr-2024 08:39	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 02-Apr-2024 08:39	Sample Coll. By :	Ref Id1 : OSP33655
Report Date and Time : 02-Apr-2024 10:09	Acc. Remarks : Normal	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR Westergren Method	H 36	mm after 1hr	3 - 30	

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

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M.D. (Pathologist)

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LABORATORY REPORT



Name : PRABHABEN K TRIVEDI	Sex/Age : Female/ 52 Years	Case ID : 40402200028
Ref.By :	Dis. At :	Pt. ID : 3479964
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 02-Apr-2024 08:39	Sample Type : Whole Blood EDTA	Mobile No. :
Sample Date and Time : 02-Apr-2024 08:39	Sample Coll. By :	Ref Id1 : OSP33655
Report Date and Time : 02-Apr-2024 09:04	Acc. Remarks : Normal	Ref Id2 :

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

ABO Type	B
Rh Type	POSITIVE

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

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LABORATORY REPORT



Name : PRABHABEN K TRIVEDI	Sex/Age : Female/ 52 Years	Case ID : 40402200028
Ref.By :	Dis. At :	Pt. ID : 3479964
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 02-Apr-2024 08:39	Sample Type : Plasma Fluoride F, Plasma Fluoride PP	Mobile No :
Sample Date and Time : 02-Apr-2024 08:39	Sample Coll. By :	Ref Id1 : OSP33655
Report Date and Time : 02-Apr-2024 13:17	Acc. Remarks : Normal	Ref Id2 :
TEST	RESULTS	UNIT BIOLOGICAL REF RANGE
		REMARKS

BIOCHEMICAL INVESTIGATIONS

Blood Glucose Level (Fasting & Post Prandial)

Plasma Glucose - F <i>Photometric, Hexokinase</i>	H	136.13	mg/dL	70 - 100
Plasma Glucose - PP <i>Photometric, Hexokinase</i>	H	156.63	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 glucoseer guidelines

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

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

Dr. Shreya Shah

M.D. (Pathologist)

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LABORATORY REPORT



Name : PRABHABEN K TRIVEDI	Sex/Age : Female/ 52 Years	Case ID : 40402200028
Ref.By :	Dis. At :	Pt. ID : 3479964
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 02-Apr-2024 08:39	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 02-Apr-2024 08:39	Sample Coll. By :	Ref Id1 : OSP33655
Report Date and Time : 02-Apr-2024 09:19	Acc. Remarks : Normal	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Glycated Haemoglobin Estimation				
HbA1C	H 6.16		% of total Hb <5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	130.09	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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LABORATORY REPORT



Name : PRABHABEN K TRIVEDI Sex/Age : Female/ 52 Years Case ID : 40402200028
 Ref.By : Dis. At : Pt. ID : 3479964
 Bill. Loc. : Aashka hospital Pt. Loc. :
 Reg Date and Time : 02-Apr-2024 08:39 Sample Type : Serum Mobile No :
 Sample Date and Time : 02-Apr-2024 08:39 Sample Coll. By : Ref Id1 : OSP33655
 Report Date and Time : 02-Apr-2024 09:47 Acc. Remarks : Normal Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol <i>Colorimetric, CHOD-POD</i>	H	201.81	mg/dL	110 - 200
HDL Cholesterol	L	44.4	mg/dL	48 - 77
Triglyceride <i>Glycerol Phosphate Oxidase</i>		138.15	mg/dL	<150
VLDL <i>Calculated</i>		27.63	mg/dL	10 - 40
Chol/HDL <i>Calculated</i>	H	4.55		0 - 4.1
LDL Cholesterol <i>Calculated</i>	H	129.78	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 assesment 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 assesment

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

Dr. Shreya Shah
M.D. (Pathologist)

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Neuberg Diagnostics Private Limited

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

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



LABORATORY REPORT



Name : PRABHABEN K TRIVEDI	Sex/Age : Female/ 52 Years	Case ID : 40402200028
Ref. By :	Dis. At :	Pt. ID : 3479964
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 02-Apr-2024 08:39	Sample Type : Serum	Mobile No. :
Sample Date and Time : 02-Apr-2024 08:39	Sample Coll. By :	Ref Id1 : OSP33655
Report Date and Time : 02-Apr-2024 10:30	Acc. Remarks : Normal	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Liver Function Test

S.G.P.T. <i>UV with P5P</i>	31.74	U/L	14 - 59
S.G.O.T. <i>UV with P5P</i>	29.38	U/L	15 - 37
Alkaline Phosphatase <i>Enzymatic, PNPP-AMP</i>	80.50	U/L	46 - 116
Gamma Glutamyl Transferase <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate</i>	37.42	U/L	0 - 38
Proteins (Total) <i>Colorimetric, Biuret</i>	7.50	gm/dL	6.40 - 8.30
Albumin <i>Bromocresol purple</i>	4.79	gm/dL	3.4 - 5
Globulin <i>Calculated</i>	2.71	gm/dL	2 - 4.1
A/G Ratio <i>Calculated</i>	1.8		1.0 - 2.1
Bilirubin Total <i>Photometry</i>	0.38	mg/dL	0.3 - 1.2
Bilirubin Conjugated <i>Diazotization reaction</i>	0.16	mg/dL	0 - 0.50
Bilirubin Unconjugated <i>Calculated</i>	0.22	mg/dL	0 - 0.8

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

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M.D. (Pathologist)

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Ref.By :	Dis. At :	Pt. ID : 3479964
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 02-Apr-2024 08:39	Sample Type : Serum	Mobile No :
Sample Date and Time : 02-Apr-2024 08:39	Sample Coll. By :	Ref Id1 : OSP33655
Report Date and Time : 02-Apr-2024 09:48	Acc. Remarks : Normal	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BUN (Blood Urea Nitrogen) <i>GLDH</i>	9.9	mg/dL	9.80 - 20.10	
Uric Acid <i>Uricase</i>	4.45	mg/dL	2.6 - 6.2	
Creatinine	0.50	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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LABORATORY REPORT



Name : PRABHABEN K TRIVEDI Sex/Age : Female/ 52 Years Case ID : 40402200028
 Ref.By : Dis. At : Pt. ID : 3479964
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 02-Apr-2024 08:39	Sample Type : Serum	Mobile No :
Sample Date and Time : 02-Apr-2024 08:39	Sample Coll. By :	Ref Id1 : OSP33655
Report Date and Time : 02-Apr-2024 16:18	Acc. Remarks : Normal	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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Thyroid Function Test

Triiodothyronine (T3) <small>CMIA</small>	0.97	ng/mL	0.64 - 1.52	
Thyroxine (T4) <small>CMIA</small>	7.75	µg/dL	4.87 - 11.72	
TSH <small>CMIA</small>	3.53	µIU/mL	0.35 - 4.94	

INTERPRETATIONS

- Circulating TSH measurement has been used for screening for euthyroidism, screening and diagnosis for hyperthyroidism & hypothyroidism. Suppressed TSH (<0.01 µIU/mL) suggests a diagnosis of hyperthyroidism and elevated concentration (>7 µIU/mL) suggest hypothyroidism. TSH levels may be affected by acute illness and several medications including dopamine and glucocorticoids. Decreased (low or undetectable) in Graves disease. Increased in TSH secreting pituitary adenoma (secondary hyperthyroidism), PRTN and in hypothalamic disease thyrotropin (tertiary hyperthyroidism). Elevated in hypothyroidism (along with decreased T4) except for pituitary & hypothalamic disease.
- Mild to modest elevations in patient with normal T3 & T4 levels indicates impaired thyroid hormone reserves & incipient hypothyroidism (subclinical hypothyroidism).
- Mild to modest decrease with normal T3 & T4 indicates subclinical hyperthyroidism.
- Degree of TSH suppression does not reflect the severity of hyperthyroidism, therefore, measurement of free thyroid hormone levels is required in patient with a suppressed TSH level.

CAUTIONS

Sick, hospitalized patients may have falsely low or transiently elevated thyroid stimulating hormone. Some patients who have been exposed to animal antigens, either in the environment or as part of treatment or imaging procedure, may have circulating antianimal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.


TSH ref range in pregnancy

First trimester
 Second trimester
 Third trimester

Reference range (microIU/ml)

0.24 - 2.00
 0.43-2.2
 0.8-2.5

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


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

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

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Neuberg Diagnostics Private Limited

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

✉ contact@neubergsupratech.com

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

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Name : PRABHABEN K TRIVEDI	Sex/Age : Female/ 52 Years	Case ID : 40402200028
Ref.By :	Dis. At :	Pt. ID : 3479964
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 02-Apr-2024 08:39	Sample Type : Serum	Mobile No :
Sample Date and Time : 02-Apr-2024 08:39	Sample Coll. By :	Ref Id1 : OSP33655
Report Date and Time : 02-Apr-2024 16:18	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.

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

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

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

Dr. Sandip Shah

M.D. (Path. & Bact.)
Consultant Pathologist
Page 11 of 13

Dr. Aakash Shah

MD. Path.
Consultant Pathologist

Dr. Sandip Shah

M.D. (Path. & Bact.)
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Printed On : 02-Apr-2024 16:28



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www.neubergsupratech.com



LABORATORY REPORT



Name : PRABHABEN K TRIVEDI	Sex/Age : Female/ 52 Years	Case ID : 40402200028
Ref.By :	Dis. At :	Pt. ID : 3479964
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 02-Apr-2024 08:39	Sample Type : Spot Urine	Mobile No :
Sample Date and Time : 02-Apr-2024 08:39	Sample Coll. By :	Ref Id1 : OSP33655
Report Date and Time : 02-Apr-2024 09:04	Acc. Remarks : Normal	Ref Id2 :

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

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	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

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

Dr. Shreya Shah
 M.D. (Pathologist)

Printed On : 02-Apr-2024 16 28



LABORATORY REPORT



Name : **PRABHABEN K TRIVEDI** Sex/Age : **Female/ 52 Years** Case ID : **40402200028**
 Ref.By : Dis. At : Pt. ID : **3479964**
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : **02-Apr-2024 08:39** Sample Type : **Spot Urine** Mobile No :
 Sample Date and Time : **02-Apr-2024 08:39** Sample Coll. By : Ref Id1 : **OSP33655**
 Report Date and Time : **02-Apr-2024 09:04** Acc. Remarks : **Normal** Ref Id2 :

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.

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

Dr. Shreya Shah
M.D. (Pathologist)

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PATIENT NAME: PRABHABEN K TRIVEDI

GENDER/AGE: Female / 52 Years

DATE: 02/04/24

DOCTOR: DR. HASIT JOSHI

OPDNO: OSP33655

2D-ECHO

MITRAL VALVE	: MINIMALLY SCLEROSED	
AORTIC VALVE	: MINIMALLY SCLEROSED	
TRICUSPID VALVE	: NORMAL	
PULMONARY VALVE	: NORMAL	
AORTA	: 34mm	
LEFT ATRIUM	: 38mm	
LV Dd / Ds	: 44/32mm	EF 50%
IVS / LVPW / D	: 11/10mm	
IVS	: INTACT	
IAS	: INTACT	
RA	: NORMAL	
RV	: NORMAL	
PA	: NORMAL	
PERICARDIUM	: NORMAL	
VEL	: PEAK	MEAN
M/S	: Gradient mm Hg	Gradient mm Hg
MITRAL	: 0.7/0.8m/s	
AORTIC	: 1.2m/s	
PULMONARY	: 0.9m/s	
COLOUR DOPPLER	: MILD MR/TR	
RVSP	: 32mmHg	
CONCLUSION	: POST PTCA; FAIR LV FUNCTION; NO SIGNIFICANT; RWMA; REDUCED LV COMPLINCE.	



ADV: TMT

CARDIOLOGIST
DR. HASIT JOSHI (9825012235)

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PATIENT NAME: PRABHABEN K TRIVEDI

GENDER/AGE: Female / 52 Years

DATE: 02/04/24

DOCTOR:

OPDNO: OSP33655

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

PATIENT NAME: PRABHABEN K TRIVEDI

GENDER/AGE: Female / 52 Years

DATE: 02/04/24

DOCTOR:

OPDNO: OSP33655

SONOGRAPHY OF ABDOMEN AND PELVIS

LIVER: Liver appears normal in size and shows increased parenchymal echoes. No evidence of focal 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 4.3 cms in size.
Left kidney measures about 10.2 x 4.4 cms in size.

No evidence of suprarenal mass lesion is seen on either side.

Aorta, IVC and para aortic region appears normal.
No evidence of ascites is seen.

BLADDER: Bladder is normally distended and appears normal. No evidence of bladder calculus, diverticulum or mass lesion is seen. Prevoid bladder volume measures about 160 cc.

UTERUS: Uterus is anteverted and appears normal in size, shape and position. Endometrial and myometrial echoes appear normal. Endometrial thickness measures about 4.1 mm. No evidence of uterine mass lesion is seen.

Bilateral adenxa appears normal.

COMMENT: Grade I fatty changes in liver.

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


DR. SNEHAL PRAJAPATI
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CIN: L85110GJ2012PLC072647



PATIENT NAME: PRABHABEN K TRIVEDI

GENDER/AGE: Female / 52 Years

DATE: 02/04/24

DOCTOR:

OPDNO: OSP33655

BILATERAL MAMMOGRAM

Dedicated digital mammography with Craniocaudal and medio lateral oblique view was performed.

Fibrofatty and glandular parenchyma is noted on either side. No definite evidence of mass, abnormal microcalcification or architectural distortion is seen. No evidence of skin thickening or nipple retraction is seen.

Benign calcification is seen in left upper and outer quadrant of breast.

COMMENT: Normal mammography and sonography of breast on either side (BIRADS - Category - I).

BIRADS Categories:

- 0 Need imaging evaluation.
- I Negative.
- II Benign finding.
- III Probably benign finding.
- IV Suspicious abnormality.
- V Highly suggestive of malignancy.
- VI Biopsy proven malignancy.

The false negative mammography is approximately 10%. Management of a palpable abnormality must be based upon clinical grounds.

Screening mammogram:

Women with no symptoms

AGE: 35-39: Baseline study.

AGE: 40-49: Every 1-2 years

AGE: 50 and above: Every year


DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST

~~Krushnakant Prasad~~

02.04.2024 10:36:41 AM

AASHKA HOSPITAL LTD.

SARGASAN
GANDHINAGAR

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

Room:

79 bpm
-- / -- mmHg

PRABHABEN

Male

S24/F

53 Years

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 74 ms
QT / QTcBaz : 358 / 410 ms
PR : 100 ms
P : 76 ms
RR / PP : 762 / 759 ms
P / QRS / T : 61 / 15 / 245 degrees

Sinus rhythm with short PR
ST & T wave abnormality, consider inferior ischemia
Abnormal ECG

