

PATIENT NAME: APARNA MUKHERJEE

GENDER/AGE: Female / 47 Years

DATE: 27/04/24

DOCTOR: DR. HASIT JOSHI

OPDNO: 00423203

**2D-ECHO**

MITRAL VALVE	: NORMAL	
AORTIC VALVE	: NORMAL	
TRICUSPID VALVE	: NORMAL	
PULMONARY VALVE	: NORMAL	
AORTA	: 31mm	
LEFT ATRIUM	: 33mm	
LV Dd / Ds	: 41/27mm	EF 60%
IVS / LVPW / D	: 11/10mm	
IVS	: INTACT	
IAS	: FLOPPY	
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	: 1.3m/s	
PULMONARY	: 1.1m/s	
COLOUR DOPPLER	: MILD MR/TR	
RVSP	: 28mmHg	
CONCLUSION	: NORMAL LV SIZE / SYSTOLIC FUNCTION; REDUCED LV COMPLIANCE.	

CARDIOLOGIST  
DR. HASIT JOSHI (9825012235)



To,  
The Coordinator,  
Mediwheel (Arcofemi Healthcare Limited)  
Helpline number: 011- 41195959

Dear Sir / Madam,

**Sub: Annual Health Checkup for the employees of Bank of Baroda**

This is to inform you that the following spouse of our employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS OF HEALTH CHECK UP BENEFICIARY	
NAME	APARNA MUKHERJEE
DATE OF BIRTH	07-11-1976
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	30-03-2024
BOOKING REFERENCE NO.	23M198814100103828S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. MUKHERJEE PRASHANT KUMAR
EMPLOYEE EC NO.	198814
EMPLOYEE DESIGNATION	SINGLE WINDOW OPERATOR A
EMPLOYEE PLACE OF WORK	SATLASANA
EMPLOYEE BIRTHDATE	15-03-1979

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **20-03-2024** till **31-03-2024**. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee's spouse and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

**Chief General Manager  
HRM Department  
Bank of Baroda**

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))



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

<b>UHID:</b>	<b>Date:</b> 27/06/24	<b>Time:</b> 10:45
<b>Patient Name:</b> A. P. Singh	<b>Age / Sex:</b> 48	<b>Height:</b>
	<b>Weight:</b>	
<b>History:</b> C/O Cornea history about		
<b>Allergy History:</b>		
<b>Nutritional Screening:</b> Well-Nourished / Malnourished / Obese		
<b>Examination:</b> VA 6/29 6/11 VIT COMPTON 2 6/6 6/6 6/6 Color vision normal		
<b>Diagnosis:</b>	Refractive error	



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

UHID:	Date: 28/4/24	Time:
Patient Name: Aperiama Naikhejje	Age/Sex: 48/F	Height: 156 cm
		Weight: 72kg
Chief Complain:	Routine dental check up	
History:		
Allergy History:		
Nutritional Screening:	Well-Nourished / Malnourished / Obese	
Examination:	Dental fluorosis present.	
Extra oral :		
Intra oral – Teeth Present :	→ Gen. attrition present.	
Teeth Absent :		
Diagnosis:		



Aparna Mukherjee

27/4/24

C/S Yrs

C/S By DR. Khushbu Patel  
MS OBS & GYN

C/O - Nil

Menstrual H/O - PNF

CMP - 15/4/24

O/A - P<sub>2</sub>L<sub>2</sub>. 2 FTND/AEM / LD - 2023  
NO H/O TL

PT is refusing for examination &  
Pap's smear.

Dr  
No active Intervention  
as of now ↑

K

S/B Dr. Shreya

27/4/24  
3:45 PM

Apurna Mukherjee / 46 year / female

Pt come here for medical check-up

All reports noted - (u)

Ecg - NSR

C.R - normal.

$\frac{O}{E}$  T = Afebrile  
HR = 90/min

SPO<sub>2</sub> = 98% on RA

RR = 22/min

BP = 116/70 mm Hg

BLAE (+)

S<sub>1</sub>S<sub>2</sub> heard

conscious oriented.



Aashka Hospitals Ltd.  
Between Sargasan and Reliance Cross Roads  
Sargasan, Gandhinagar - 382421. Gujarat, India  
Phone: 079-29750750, +91-7575006000 / 9000  
Emergency No.: +91-7575007707 / 9879752777  
[www.aashkahospitals.in](http://www.aashkahospitals.in)  
CIN: L85110GJ2012PLC072647



**PATIENT NAME:APARNA MUKHERJEE**

**GENDER/AGE:Female / 47 Years**

**DATE:27/04/24**

**DOCTOR:**

**OPDNO:O0423203**

### **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: APARNA MUKHERJEE**

**GENDER/AGE: Female / 47 Years**

**DATE: 27/04/24**

**DOCTOR:**

**OPDNO: O0423203**

## SONOGRAPHY OF ABDOMEN AND PELVIS

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

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

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

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

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

Right kidney measures about 10.1 x 4.3 cms in size.

Left kidney measures about 10.0 x 4.2 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 4.3 mm. No evidence of uterine mass lesion is seen.

Bilateral adnexa appears normal.

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

  
**DR. SNEHAL PRAJAPATI**  
CONSULTANT RADIOLOGIST

Patient's Name : Aparna mukherjee Age : 47 Sex : F

Ref. by Doctor : Medicine (H.C.) IP/OP No. : 00423203 Date : 27/04/2020

**Colour Doppler Echocardiograph Report**

MITRAL VALVE :  
AORTIC VALVE :  
TRICUSPID VALVE :  
PULMONARY VALVE :  
AORTA : 31  
LEFT ATRIUM : 33  
LV Dd / Ds : 41/27 EF 60%  
IVS / LVPW / D : 11/10  
IVS : Intact  
IAS : floppy  
RA :  
RV :  
PA :  
PERICARDIUM : n

VEL	PEAK	MEAN
M/S	Gradient mm Hg	Gradient mm Hg
MITRAL	0.7/0.8	
AORTIC	1.3	
PULMONARY	1.1	
COLOUR DOPPLER	mild MR/TR	
RSVP	28-4	

CONCLUSION : n LV size / systolic fn  
Reduced LV compliance



## LABORATORY REPORT



Name : **APARNA MUKHERJEE** Sex/Age : **Female/ 48 Years** Case ID : **40402200568**  
Ref.By : **HOSPITAL** Dis. At : Pt. ID : **3551503**  
Bill. Loc. : **Aashka hospital** Pt. Loc :  
Reg Date and Time : **27-Apr-2024 08:58** Sample Type : Mobile No :  
Sample Date and Time : **27-Apr-2024 08:58** Sample Coll. By : Ref Id1 : **00423203**  
Report Date and Time : Acc. Remarks : **Normal** Ref Id2 :

### Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
<b>Blood Glucose Fasting &amp; Postprandial</b>			
Plasma Glucose - F	<b>121.34</b>	mg/dL	70 - 100
Plasma Glucose - PP	<b>168.83</b>	mg/dL	70.0 - 140.0
<b>Lipid Profile</b>			
Cholesterol	<b>218.05</b>	mg/dL	110 - 200
LDL Cholesterol	<b>139.34</b>	mg/dL	0.00 - 100.00

Abnormal Result(s) Summary End

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

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Name : **APARNA MUKHERJEE** Sex/Age : **Female/ 48 Years** Case ID : **40402200568**  
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **3551503**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 27-Apr-2024 08:58	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 27-Apr-2024 08:58	Sample Coll. By :	Ref Id1 : O0423203
Report Date and Time : 27-Apr-2024 09:33	Acc. Remarks : Normal	Ref Id2 :

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

#### HB AND INDICES

Haemoglobin	12.9	G%	12.0 - 15.0
RBC (Electrical Impedance)	4.46	millions/cumm	3.80 - 4.80
PCV(Calc)	40.72	%	36.00 - 46.00
MCV (RBC histogram)	91.3	fL	83.00 - 101.00
MCH (Calc)	29.0	pg	27.00 - 32.00
MCHC (Calc)	31.7	gm/dL	31.50 - 34.50
RDW (RBC histogram)	14.20	%	11.00 - 16.00

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

Total WBC Count	6550	/μL	4000.00 - 10000.00
<b>Neutrophil</b>	[%] 53.0	%	EXPECTED VALUES [ Abs ] 3472 /μL EXPECTED VALUES 2000.00 - 7000.00
<b>Lymphocyte</b>	40.0	%	20.00 - 40.00 2620 /μL 1000.00 - 3000.00
<b>Eosinophil</b>	3.0	%	1.00 - 6.00 197 /μL 20.00 - 500.00
<b>Monocytes</b>	4.0	%	2.00 - 10.00 262 /μL 200.00 - 1000.00
<b>Basophil</b>	0.0	%	0.00 - 2.00 0 /μL 0.00 - 100.00

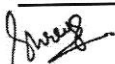
#### PLATELET COUNT (Optical)

Platelet Count	174000	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	1.32		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 : APARNA MUKHERJEE	Sex/Age : Female/ 48 Years	Case ID : 40402200568
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3551503
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 27-Apr-2024 08:58	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 27-Apr-2024 08:58	Sample Coll. By :	Ref Id1 : O0423203
Report Date and Time : 27-Apr-2024 10:43	Acc. Remarks : Normal	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR Westergren Method	03	mm after 1hr	3 - 20	

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

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Chennai - 600096, Tamil Nadu, India. | CIN - U85300TN2017PTC114099  
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LABORATORY REPORT



Name : APARNA MUKHERJEE	Sex/Age : Female/ 48 Years	Case ID : 40402200568
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3551503
Bill. Loc. : Aashka hospital		Pt. Loc :

Reg Date and Time : 27-Apr-2024 08:58	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 27-Apr-2024 08:58	Sample Coll. By :	Ref Id1 : 00423203
Report Date and Time : 27-Apr-2024 09:33	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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M.D. (Pathologist)

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## LABORATORY REPORT



Name : <b>APARNA MUKHERJEE</b>	Sex/Age : <b>Female/ 48 Years</b>	Case ID : <b>40402200568</b>
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3551503
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 27-Apr-2024 08:58	Sample Type : Plasma Fluoride F, Plasma Fluoride PP	Mobile No :
Sample Date and Time : 27-Apr-2024 08:58	Sample Coll. By :	Ref Id1 : 00423203
Report Date and Time : 27-Apr-2024 12:43	Acc. Remarks : Normal	Ref Id2 :
TEST	RESULTS	UNIT BIOLOGICAL REF RANGE
		REMARKS

### BIOCHEMICAL INVESTIGATIONS

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

<b>Plasma Glucose - F</b> <i>Photometric, Hexokinase</i>	H	<b>121.34</b>	mg/dL	70 - 100
<b>Plasma Glucose - PP</b> <i>Photometric, Hexokinase</i>	H	<b>168.83</b>	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 : <b>APARNA MUKHERJEE</b>	Sex/Age : <b>Female/ 48 Years</b>	Case ID : <b>40402200568</b>
Ref.By : <b>HOSPITAL</b>	Dis. At :	Pt. ID : <b>3551503</b>
Bill. Loc. : <b>Aashka hospital</b>		Pt. Loc :
Reg Date and Time : <b>27-Apr-2024 08:58</b>	Sample Type : <b>Whole Blood EDTA</b>	Mobile No :
Sample Date and Time : <b>27-Apr-2024 08:58</b>	Sample Coll. By :	Ref Id1 : <b>00423203</b>
Report Date and Time : <b>27-Apr-2024 09:39</b>	Acc. Remarks : <b>Normal</b>	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>Glycated Haemoglobin Estimation</b>				
<b>HbA1C</b>	<b>5.40</b>	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
<b>Estimated Avg Glucose (3 Mths)</b> <i>Calculated</i>	<b>108.28</b>	mg/dL	Not available	

Please Note change in reference range as per ADA 2021 guidelines.

**Interpretation :**

HbA1C level reflects the mean glucose concentration over previous 8-12 weeks and provides better indication of long term glycemic control.  
 Levels of HbA1C may be low as result of shortened RBC life span in case of hemolytic anemia.  
 Increased HbA1C values may be found in patients with polycythemia or post splenectomy patients.  
 Patients with Homozygous forms of rare variant Hb(CC,SS,EE,SC) HbA1c can not be quantitated as there is no HbA.  
 In such circumstances glycemic control can be monitored using plasma glucose levels or serum Fructosamine.  
 The A1c target should be individualized based on numerous factors, such as age, life expectancy, comorbid conditions, duration of diabetes, risk of hypoglycemia or adverse consequences from hypoglycemia, patient motivation and adherence.

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

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M.D. (Pathologist)

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## LABORATORY REPORT



Name : **APARNA MUKHERJEE** Sex/Age : **Female/ 48 Years** Case ID : **40402200568**  
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **3551503**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 27-Apr-2024 08:58	Sample Type : Serum	Mobile No :
Sample Date and Time : 27-Apr-2024 08:58	Sample Coll. By :	Ref Id1 : 00423203
Report Date and Time : 27-Apr-2024 10:39	Acc. Remarks : Normal	Ref Id2 :

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

#### Lipid Profile

<b>Cholesterol</b> <i>Colorimetric, CHOD-POD</i>	H	<b>218.05</b>	mg/dL	110 - 200
<b>HDL Cholesterol</b>		<b>55.4</b>	mg/dL	48 - 77
<b>Triglyceride</b> <i>Glycerol Phosphate Oxidase</i>		<b>116.56</b>	mg/dL	<150
<b>VLDL</b> <i>Calculated</i>		<b>23.31</b>	mg/dL	10 - 40
<b>Chol/HDL</b> <i>Calculated</i>		<b>3.94</b>		0 - 4.1
<b>LDL Cholesterol</b> <i>Calculated</i>	H	<b>139.34</b>	mg/dL	0.00 - 100.00

#### NEW ATP III GUIDELINES (MAY 2001), MODIFICATION OF NCEP

LDL CHOLESTEROL	CHOLESTEROL	HDL CHOLESTEROL	TRIGLYCERIDES
Optimal <100	Desirable <200	Low <40	Normal <150
Near Optimal 100-129	Border Line 200-239	High >60	Border High 150-199
Borderline 130-159	High >240	*	High 200-499
High 160-189	-	-	-

- LDL Cholesterol level is primary goal for treatment and varies with risk category and assesment
- For LDL Cholesterol level Please consider direct LDL value
- Risk assessment from HDL and Triglyceride has been revised. Also LDL goals have changed.
- Detail test interperation 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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 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **3551503**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 27-Apr-2024 08:58	Sample Type : Serum	Mobile No :
Sample Date and Time : 27-Apr-2024 08:58	Sample Coll. By :	Ref Id1 : 00423203
Report Date and Time : 27-Apr-2024 10:39	Acc. Remarks : Normal	Ref Id2 :

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

#### Liver Function Test

<b>S.G.P.T.</b> <i>UV with P5P</i>	<b>35.49</b>	U/L	14 - 59
<b>S.G.O.T.</b> <i>UV with P5P</i>	<b>31.83</b>	U/L	15 - 37
<b>Alkaline Phosphatase</b> <i>Enzymatic, PNPP-AMP</i>	<b>96.73</b>	U/L	46 - 116
<b>Gamma Glutamyl Transferase</b> <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate</i>	<b>17.43</b>	U/L	0 - 38
<b>Proteins (Total)</b> <i>Colorimetric, Biuret</i>	<b>7.89</b>	gm/dL	6.40 - 8.30
<b>Albumin</b> <i>Bromocresol purple</i>	<b>4.85</b>	gm/dL	3.4 - 5
<b>Globulin</b> <i>Calculated</i>	<b>3.04</b>	gm/dL	2 - 4.1
<b>A/G Ratio</b> <i>Calculated</i>	<b>1.6</b>		1.0 - 2.1
<b>Bilirubin Total</b> <i>Photometry</i>	<b>0.84</b>	mg/dL	0.3 - 1.2
<b>Bilirubin Conjugated</b> <i>Diazotization reaction</i>	<b>0.32</b>	mg/dL	0 - 0.50
<b>Bilirubin Unconjugated</b> <i>Calculated</i>	<b>0.52</b>	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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 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 27-Apr-2024 08:58	Sample Type : Serum	Mobile No :
Sample Date and Time : 27-Apr-2024 08:58	Sample Coll. By :	Ref Id1 : O0423203
Report Date and Time : 27-Apr-2024 10:39	Acc. Remarks : Normal	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>BUN (Blood Urea Nitrogen)</b> <i>GLDH</i>	<b>14.5</b>	mg/dL	7.00 - 18.70	
<b>Uric Acid</b> <i>Uricase</i>	<b>4.95</b>	mg/dL	2.6 - 6.2	
<b>Creatinine</b>	<b>0.80</b>	mg/dL	0.50 - 1.50	

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

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

Printed On : 27-Apr-2024 12:53





## LABORATORY REPORT



Name : <b>APARNA MUKHERJEE</b>	Sex/Age : <b>Female/ 48 Years</b>	Case ID : <b>40402200568</b>
Ref.By : <b>HOSPITAL</b>	Dis. At :	Pt. ID : <b>3551503</b>
Bill. Loc. : <b>Aashka hospital</b>		Pt. Loc :
Reg Date and Time : <b>27-Apr-2024 08:58</b>	Sample Type : <b>Serum</b>	Mobile No :
Sample Date and Time : <b>27-Apr-2024 08:58</b>	Sample Coll. By :	Ref Id1 : <b>00423203</b>
Report Date and Time : <b>27-Apr-2024 10:34</b>	Acc. Remarks : <b>Normal</b>	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>Thyroid Function Test</b>				
<b>Triiodothyronine (T3)</b>	<b>126.73</b>	ng/dL	70 - 204	
<b>Thyroxine (T4)</b> <small>CMIA</small>	<b>6.98</b>	ng/dL	4.87 - 11.72	
<b>TSH</b> <small>CMIA</small>	<b>1.99</b>	µIU/mL	0.4 - 4.2	

### INTERPRETATIONS

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

### CAUTIONS

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

### TSH ref range in pregnancy

First trimester  
Second trimester  
Third trimester

### Reference range (microIU/ml)

0.24 - 2.00  
0.43-2.2  
0.8-2.5

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

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Reg Date and Time : 27-Apr-2024 08:58	Sample Type : Serum	Mobile No :
Sample Date and Time : 27-Apr-2024 08:58	Sample Coll. By :	Ref Id1 : 00423203
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**Interpretation Note:**

Ultra sensitive-thyroid-stimulating hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitary-thyroid axis, s-TSH provides a physiologic indicator of the functional level of thyroid hormone activity. Increased s-TSH indicates inadequate thyroid hormone, and suppressed s-TSH indicates excess thyroid hormone. Transient s-TSH abnormalities may be found in seriously ill, hospitalized patients, so this is not the ideal setting to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (an alternative screening test), when the s-TSH result is abnormal, appropriate follow-up tests T4 & free T3 levels should be performed. If TSH is between 5.0 to 10.0 & free T4 & free T3 level are normal then it is considered as subclinical hypothyroidism which should be followed up after 4 weeks & If TSH is > 10 & free T4 & free T3 level are normal then it is considered as overt hypothyroidism.

Serum triiodothyronine (T3) levels often are depressed in sick and hospitalized patients, caused in part by the biochemical shift to the production of reverse T3. Therefore, T3 generally is not a reliable predictor of hypothyroidism. However, in a small subset of hyperthyroid patients, hyperthyroidism may be caused by overproduction of T3 (T3 toxicosis). To help diagnose and monitor this subgroup, T3 is measured on all specimens with suppressed s-TSH and normal FT4 concentrations.

Normal ranges of TSH & thyroid 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/↑	↓

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 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 27-Apr-2024 08:58	Sample Type : Spot Urine	Mobile No :
Sample Date and Time : 27-Apr-2024 08:58	Sample Coll. By :	Ref Id1 : 00423203
Report Date and Time : 27-Apr-2024 09:36	Acc. Remarks : Normal	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>URINE EXAMINATION (STRIP METHOD AND FLOWCYTOMETRY)</b>				

Physical examination

**Colour** Pale yellow  
**Transparency** Clear

Chemical Examination By Sysmex UC-3500

<b>Sp.Gravity</b>	>1.025		1.005 - 1.030
<b>pH</b>	<5.5		5 - 8
<b>Leucocytes (ESTERASE)</b>	Negative		Negative
<b>Protein</b>	Negative		Negative
<b>Glucose</b>	Negative		Negative
<b>Ketone Bodies Urine</b>	Negative		Negative
<b>Urobilinogen</b>	Negative		Negative
<b>Bilirubin</b>	Negative		Negative
<b>Blood</b>	Negative		Negative
<b>Nitrite</b>	Negative		Negative

Flowcytometric Examination By Sysmex UF-5000

<b>Leucocyte</b>	Nil	/HPF	Nil
<b>Red Blood Cell</b>	Nil	/HPF	Nil
<b>Epithelial Cell</b>	Present +	/HPF	Present(+)
<b>Bacteria</b>	Nil	/µL	Nil
<b>Yeast</b>	Nil	/µL	Nil
<b>Cast</b>	Nil	/HPF	Nil
<b>Crystals</b>	Nil	/HPF	Nil

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 Sample Date and Time : 27-Apr-2024 08:58 Sample Coll. By : Ref Id1 : 00423203  
 Report Date and Time : 27-Apr-2024 09:36 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.

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27.04.2024 10:59:11 AM  
AASHKA HOSPITAL LTD.  
SARGASAN  
GANDHINAGAR

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

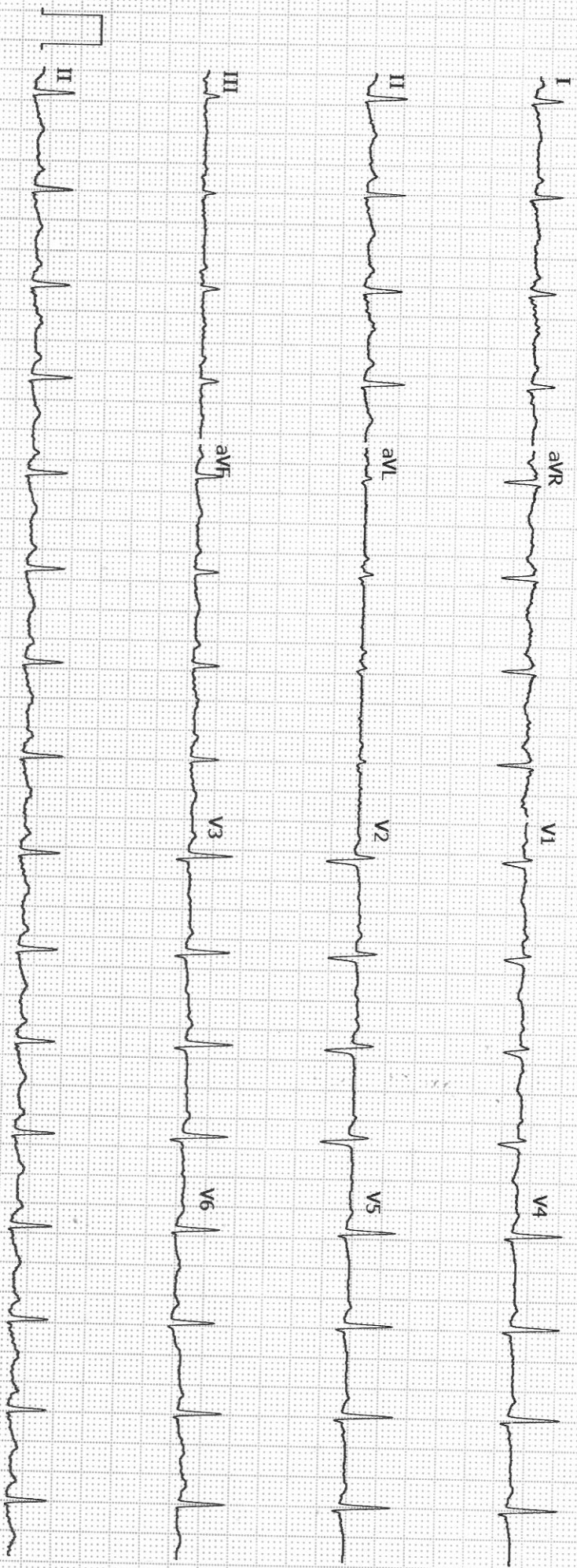
QRS : 66 ms  
QT / QTcBaz : 356 / 447 ms  
PR : 142 ms  
P : 92 ms  
RR / pp : 630 / 631 ms  
P / QRS / T : 36 / 64 / 56 degrees

Normal sinus rhythm  
Nonspecific T wave abnormality  
Abnormal ECG

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

*Pt - Appended*

95 bpm  
- / - mmHg



GE MAC2000 1.1 12SL™ V241 25 mm/s 10 mm/mV ADS 0.5-20 Hz 50 Hz Unconfirmed 4x2.5x3 25 R1 1/1