

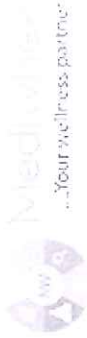


## Health Check up Booking Request(bobS19661)

Message

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

Sat, 30 Mar, 2024 at 6:28 pm



011-41195959

Dear MR. PATEL BHARATKUMAR BECHARBHAI,

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

Upload HRM Letter

**User 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  
**Appointment Date** : 13-04-2024  
**Preferred Time** : 8:30am

Member Information		
Booked Member Name	Age	Gender
Ushabenbharat kumar patel	49 year	Female

### Tests included in this Package

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



- Lipid Profile
- Kidney Profile
- Liver profile

Thanks,  
Mediwheel Team

Please Download Mediwheel App



You have received this notification as you are a registered user of Arofeem Healthcare Limited. For us to verify your personal information, please visit [www.afoem.com](#) or [www.afoem.com/verify](#).

Please visit [www.afoem.com/terms-&-conditions](#) for more information. [Click here](#) to subscribe.

@ 2024 - 25, Arofeem Healthcare Pvt Limited (Mediwheel)





બંક ઓફ બરોડા  
Bank of Baroda

જાણકારી નામ  
Name

Bharatkumar B. Patel

કર્મચારી કોડ નં.  
Employee Code No.

81872



જારીકર્તા પ્રાધિકારી  
Issuing Authority




ધારક કે હસ્તાક્ષર  
Signature of Holder



Aashka Hospitals Ltd.

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

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



Ushaben  
Patel

SIB Dr. Zalak

18/4/24

Pt. has no any present  
C/O.

no any significant patho  
noted.

O/E: TPIK -  $\frac{110 \times 20 (w)}{110 (80 \text{ mm of Hg})}$

Rs - BSBE/clean

Sp2 9870 RA

2D Echo: Normal study

mild PAH  
RUSP - 20mm

Ado

Pt. is fit at present

Plenty of oral fluids.

Pt. counselled done.

Ushaben  
Patel





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

UHID:	OSP33725	Date:	13/04/24	Time:	10:10
Patient Name:	VS hubbar	Age / Sex:	39	Height:	148
		Weight:	65.5		
History:	c/o Corneal hyperopia flham guss in lwr 3-4 yrs.				
Allergy History:					
Nutritional Screening:	Well-Nourished / Malnourished / Obese				
Examination:	VVS 6/24 6/18 VNC center 6/6 6/6 2/6				
Diagnosis:	Colorless vision - Normal Refractive error				

Rx

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

Eye examination:

	RIGHT			LEFT		
	S	C	A	S	C	A
D	4.50	-	-	+0.75		
N	+3.50	-	-	+2.25		

Other Advice:

change glasses

Follow-up:



Consultant's Sign:

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:	OSP33745	Date:	13/4/24	Time:	
Patient Name:	Usha ben Patel,	Age/Sex:	49/F	Height:	148
		Weight:	65.5		
Chief Complain:					
History:	Rocidine denture chews up				
Allergy History:					
Nutritional Screening:	Well-Nourished / Malnourished / Obese				
Examination:					
Extra oral :	Stain ++ Caries ++				
Intra oral - Teeth Present :					
Teeth Absent :	→ Cron. gingivae → gen. periodontal present, → gen. periodontal present				
Diagnosis:					

RX						
No	Dosage Form	Name of drug (IN BLOCK LETTERS ONLY)	Dose	Route	Frequency	Duration
①	Tab.	Amox clav	625	oral	BID	5 days
②	Tab.	Pantop d	—	oral	AD	sch
③		Chlorhexidine mouthw	—	④		

Other Advice:

- Swallowing
- OTC.
- Plaque Removal

Follow-up:

Consultant's Sign:

*Jeju*

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



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



**PATIENT NAME: USHABEN B PATEL**

**GENDER/AGE: Female / 49 Years**

**DOCTOR:**

**OPDNO: OSP33775**

**DATE: 13/04/24**

### **X-RAY CHEST PA**

Both lung fields appear clear

No evidence of collapse, consolidation, mediastinal lymph adenopathy, soft tissue infiltration or pleural effusion is seen.

Both hilar shadows and c.p.angles are normal.

Heart shadow appears normal in size. Aorta appears normal.

Bony thorax and both domes of diaphragm appear normal.

No evidence of cervical rib is seen on either side.

### **Impression:**

**Normal chest x-ray examination.**

**RADIOLOGIST**

**DR.MEHUL PATELIYA**



**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

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



**PATIENT NAME: USHABEN B PATEL**

**GENDER/AGE: Female / 49 Years**

**DOCTOR:**

**OPDNO: OSP33775**

**DATE: 13/04/24**

## MAMMOGRAM OF BOTH BREASTS

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

### RIGHT BREAST

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.

### LEFT BREAST

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.

**COMMENT: Normal mammography 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**



**RADIOLOGIST**

**DR. MEHUL PATELIYA**





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

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



**PATIENT NAME:**USHABEN B PATEL

**GENDER/AGE:**Female / 49 Years

**DOCTOR:**

**OPDNO:**OSP33775

**DATE:**13/04/24

## SONOGRAPHY OF ABDOMEN AND PELVIS

**LIVER:** Liver appears normal in size and normal parenchymal echoes. No evidence of focal lesion is seen. No evidence of dilated IHBR is seen. Intrahepatic portal radicals 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, renal hydronephrosis or mass lesion is seen on either side. No evidence of perinephric fluid collection is seen.

Right kidney measures about 10.4 x 4.1 cms in size.

Left kidney measures about 10.2 x 4.0 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 normal wall thickening. No evidence of bladder calculus, diverticulum or mass lesion is seen.

**UTERUS:** Uterus is anteverted and appears normal in size, shape and position. Endometrial and myometrial echoes appear normal. Endometrial thickness measures about 8 mm. No evidence of uterine mass lesion is seen.

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



**RADIOLOGIST**

**DR. MEHUL PATELIYA**



PATIENT NAME: USHABEN B PATEL

GENDER/AGE: Female / 49 Years

DOCTOR: DR. HASIT JOSHI

OPDNO: OSP33775

DATE: 13/04/24

### 2D-ECHO

MITRAL VALVE : MILD MVP; SCLEROSED  
AORTIC VALVE : SCLEROSED  
TRICUSPID VALVE : NORMAL  
PULMONARY VALVE : NORMAL  
AORTA : 34mm  
LEFT ATRIUM : 32mm  
LV Dd / Ds : 41/25mm EF 60%  
IVS / LVPW / D : 9/9mm  
IVS : INTACT  
IAS : INTACT  
RA : NORMAL  
RV : NORMAL  
PA : NORMAL  
PERICARDIUM : THIN RIM OF PE  
VEL : PEAK MEAN  
M/S : Gradient mm Hg Gradient mm Hg  
MITRAL : 0.5/0.6m/s  
AORTIC : 1.0m/s  
PULMONARY : 0.8m/s  
COLOUR DOPPLER : TRIVIAL MR/AR; MILD TR  
RVSP : 26mmHg  
CONCLUSION : NORMAL LV SIZE / SYSTOLIC FUNCTION;  
THIN RIM OF PE.



CARDIOLOGIST

DR. HASIT JOSHI (9825012235)



USHABEN  
u.s/f

13.04.2024 10:47:54 AM  
AASHKA HOSPITAL LTD.  
SARGASAN  
GANDHINAGAR

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

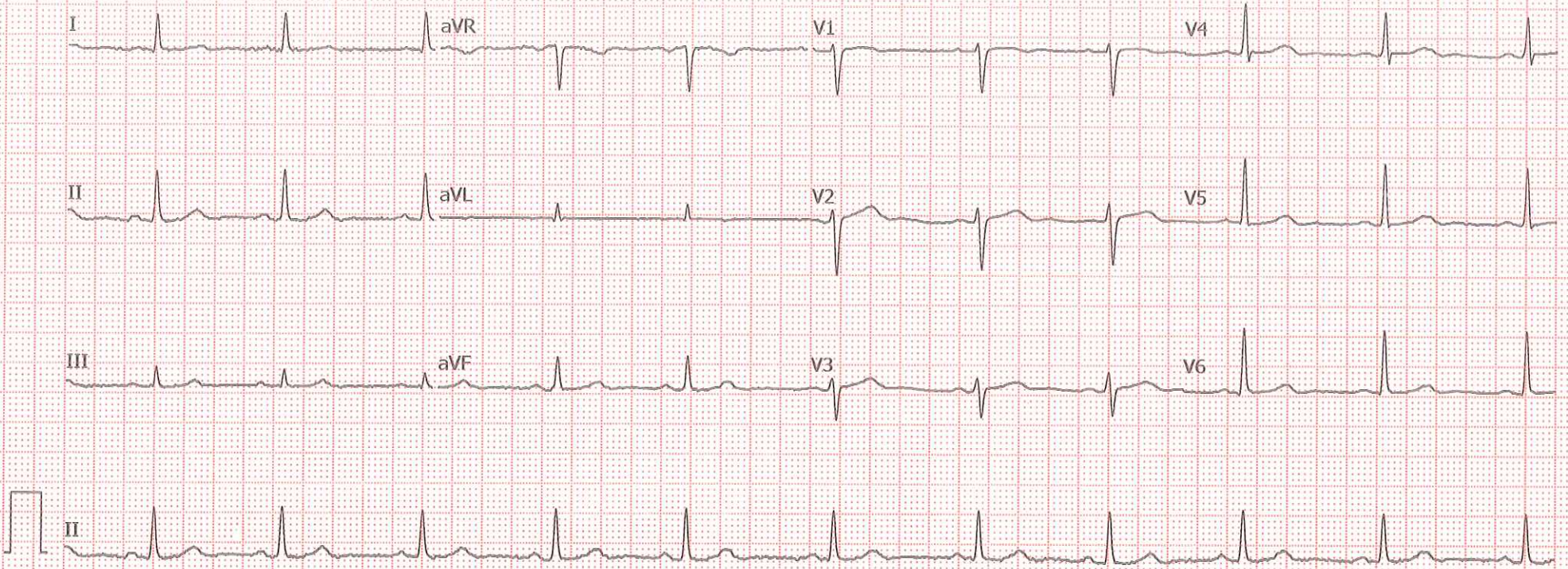
0459 LOT D 942 #  
Room:

65 bpm  
-- / -- mmHg

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 76 ms  
QT / QTcBaz : 412 / 428 ms  
PR : 140 ms  
P : 84 ms  
RR / PP : 920 / 923 ms  
P / QRS / T : 56 / 50 / 69 degrees

Normal sinus rhythm  
Normal ECG







## LABORATORY REPORT



Name : **USHABEN B PATEL**

Sex/Age : **Female/ 49 Years**

Case ID : **40402200299**

Ref.By : **HOSPITAL**

Dis. At :

Pt. ID : **3513146**

Bill. Loc. : **Aashka hospital**

Pt. Loc :

Reg Date and Time : **13-Apr-2024 09:04**

Mobile No :

Sample Date and Time : **13-Apr-2024 09:04**

Sample Type :

Ref Id1 : **OSP33775**

Report Date and Time :

Sample Coll. By :

Ref Id2 :

Acc. Remarks : **Normal**

### Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
-----------	--------------	------	-----------------

#### Haemogram (CBC)

Haemoglobin	11.8	G%	12.0 - 15.0
PCV(Calc)	34.03	%	36.00 - 46.00

#### Abnormal Result(s) Summary End

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







## LABORATORY REPORT



Name : **USHABEN B PATEL**

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 49 Years

Dis. At :

Pt. Loc :

Case ID : 40402200299

Pt. ID : 3513146

Pt. Loc :

Reg Date and Time : 13-Apr-2024 09:04

Sample Type : Whole Blood EDTA

Mobile No :

Sample Date and Time : 13-Apr-2024 09:04

Sample Coll. By :

Ref Id1 : OSP33775

Report Date and Time : 13-Apr-2024 10:01

Acc. Remarks : Normal

Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
------	---------	------	--------------------------	---------

### HAEMOGRAM REPORT

#### HB AND INDICES

Haemoglobin	L	11.8	G%	12.0 - 15.0
RBC (Electrical Impedance)		3.99	millions/cumm	3.80 - 4.80
PCV(Calc)	L	34.03	%	36.00 - 46.00
MCV (RBC histogram)		85.3	fL	83.00 - 101.00
MCH (Calc)		29.5	pg	27.00 - 32.00
MCHC (Calc)		34.5	gm/dL	31.50 - 34.50
RDW (RBC histogram)		12.90	%	11.00 - 16.00

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

	Total WBC Count		UNIT	EXPECTED VALUES	EXPECTED VALUES
Neutrophil	55.0	%	%	40.00 - 70.00	[Abs] 2000.00 - 7000.00
Lymphocyte	37.0	%	%	20.00 - 40.00	2453
Eosinophil	2.0	%	%	1.00 - 6.00	133
Monocytes	6.0	%	%	2.00 - 10.00	398
Basophil	0.0	%	%	0.00 - 2.00	0

#### PLATELET COUNT (Optical)

Platelet Count	386000	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	1.49		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: (L-VeryLow, L-Low, H-High, HH-VeryHigh ,A-Abnormal)



Dr. Shreya Shah  
M.D. (Pathologist)





## LABORATORY REPORT



Name : **USHABEN B PATEL**

Ref.By : **HOSPITAL**

Bill. Loc. : **Aashka hospital**

Sex/Age : **Female/ 49 Years**

Case ID : **40402200299**

Dis. At :

Pt. ID : **3513146**

Pt. Loc :

Reg Date and Time : **13-Apr-2024 09:04**

Mobile No :

Sample Type : **Whole Blood EDTA**

Sample Date and Time : **13-Apr-2024 09:04**

Sample Coll. By :

Ref Id1 : **OSP33775**

Report Date and Time : **13-Apr-2024 12:24**

Acc. Remarks : **Normal**

Ref Id2 :

### TEST

#### RESULTS

#### UNIT

#### BIOLOGICAL REF RANGE

#### REMARKS

**ESR**  
*Westergren Method*

**14**

mm after 1hr 3 - 20

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

**Dr. Shreya Shah**

M.D. (Pathologist)

Page 3 of 13





## LABORATORY REPORT



Name : **USHABEN B PATEL**

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 49 Years

Case ID : 40402200299

Dis. At :

Pt. ID : 3513146

Pt. Loc :

Reg Date and Time : 13-Apr-2024 09:04

Sample Type : Whole Blood EDTA

Mobile No :

Sample Date and Time : 13-Apr-2024 09:04

Sample Coll. By :

Ref Id1 : OSP33775

Report Date and Time : 13-Apr-2024 09:47

Acc. Remarks : Normal

Ref Id2 :

### TEST

#### RESULTS

#### UNIT BIOLOGICAL REF RANGE

#### REMARKS

### HAEMATOLOGY INVESTIGATIONS

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

ABO Type

**B**

Rh Type

**POSITIVE**

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

**Dr. Shreya Shah**

M.D. (Pathologist)

Page 4 of 13





## LABORATORY REPORT



Name : **USHABEN B PATEL**

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 49 Years

Case ID : 40402200299

Dis. At :

Pt. ID : 3513146

Pt. Loc :

Reg Date and Time : 13-Apr-2024 09:04

Mobile No :

Sample Type : Plasma Fluoride F, Plasma Fluoride PP

Sample Date and Time : 13-Apr-2024 09:04

Ref Id1 : OSP33775

Report Date and Time : 13-Apr-2024 12:24

Ref id2 :

Acc. Remarks : Normal

REMARKS

RESULTS UNIT BIOLOGICAL REF RANGE

### BIOCHEMICAL INVESTIGATIONS

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

<b>Plasma Glucose - F</b>	99.66	mg/dL	70.0 - 100
<b>Plasma Glucose - PP</b> <i>Photometric, Hexokinase</i>	129.76	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:(L-L-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

**Dr. Shreya Shah**

M.D. (Pathologist)

Page 5 of 13







## LABORATORY REPORT



Name : USHABEN B PATEL

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 49 Years

Dis. At :

Pt. ID : 3513146

Pt. Loc :

Reg Date and Time : 13-Apr-2024 09:04

Sample Type : Whole Blood EDTA

Mobile No :

Sample Date and Time : 13-Apr-2024 09:04

Sample Coll. By :

Ref Id1 : OSP33775

Report Date and Time : 13-Apr-2024 10:01

Acc. Remarks : Normal

Ref Id2 :

TEST

RESULTS

UNIT

BIOLOGICAL REF RANGE

REMARKS

### Glycated Haemoglobin Estimation

HbA1C

5.53

% of total Hb <5.7: Normal

5.7-6.4: Prediabetes

>=6.5: Diabetes

Estimated Avg Glucose (3 Mths)

112.01

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 Hemozygous 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)

Page 6 of 13





## LABORATORY REPORT



Name : **USHABEN B PATEL**

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 49 Years

Dis. At :

Case ID : 40402200299

Pt. ID : 3513146

Pt. Loc :

Reg Date and Time : 13-Apr-2024 09:04

Sample Type : Serum

Mobile No :

Sample Date and Time : 13-Apr-2024 09:04

Sample Coll. By :

Ref Id1 : OSP33775

Report Date and Time : 13-Apr-2024 11:33

Acc. Remarks : Normal

Ref Id2 :

### TEST

RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

### BIOCHEMICAL INVESTIGATIONS

#### Lipid Profile

<b>Cholesterol</b> <i>Colorimetric, CHOD-POD</i>	162.58	mg/dL	110 - 200
<b>HDL Cholesterol</b>	54.0	mg/dL	48 - 77
<b>Triglyceride</b> <i>Glycerol Phosphate Oxidase</i>	59.54	mg/dL	<150
<b>VLDL</b> <i>Calculated</i>	11.91	mg/dL	10 - 40
<b>Chol/HDL</b> <i>Calculated</i>	3.01		0 - 4.1
<b>LDL Cholesterol</b> <i>Calculated</i>	96.67	mg/dL	0.00 - 100.00

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

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

- LDL Cholesterol level is primary goal for treatment and varies with risk category and assessment
- For LDL Cholesterol level Please consider direct LDL value
- Risk assessment from HDL and Triglyceride has been revised. Also LDL goals have changed.
- Detail test interpretation available from the lab
- All tests are done according to NCEP guidelines and with FDA approved kits.
- LDL Cholesterol level is primary goal for treatment and varies with risk category and assessment

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



**Dr. Shreya Shah**

M.D. (Pathologist)

Page 7 of 13





## LABORATORY REPORT



Name : **USHABEN B PATEL**

Ref.By : HOSPITAL Sex/Age : Female/ 49 Years Case ID : 40402200299

Bill. Loc. : Aashka hospital Dis. At : Pt. ID : 3513146

Reg Date and Time : 13-Apr-2024 09:04 Sample Type : Serum Mobile No :

Sample Date and Time : 13-Apr-2024 09:04 Sample Coll. By : Ref Id1 : OSP33775

Report Date and Time : 13-Apr-2024 12:46 Acc. Remarks : Normal Ref Id2 :

### TEST

RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

### BIOCHEMICAL INVESTIGATIONS

#### Liver Function Test

<b>S.G.P.T.</b> <i>UV with P5p</i>	17.16	U/L	14 - 59	
<b>S.G.O.T.</b> <i>UV with P5p</i>	15.98	U/L	15 - 37	
<b>Alkaline Phosphatase</b> <i>Enzymatic, PNPP-AMP</i>	87.04	U/L	46 - 116	
<b>Gamma Glutamyl Transferase</b> <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate</i>	18.61	U/L	0 - 38	
<b>Proteins (Total)</b> <i>Colorimetric, Bluret</i>	6.78	gm/dL	6.40 - 8.30	
<b>Albumin</b> <i>Bromocresol purple</i>	4.49	gm/dL	3.4 - 5	
<b>Globulin</b> <i>Calculated</i>	2.29	gm/dL	2 - 4.1	
<b>A/G Ratio</b> <i>Calculated</i>	2.0		1.0 - 2.1	
<b>Bilirubin Total</b> <i>Photometry</i>	0.40	mg/dL	0.3 - 1.2	
<b>Bilirubin Conjugated</b> <i>Diazotization reaction</i>	0.29	mg/dL	0 - 0.50	
<b>Bilirubin Unconjugated</b> <i>Calculated</i>	0.11	mg/dL	0 - 0.8	

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

**Dr. Shreya Shah**

M.D. (Pathologist)





## LABORATORY REPORT



Name : **USHABEN B PATEL**

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : **Female/ 49 Years**

Dis. At :

Case ID : 40402200299

Pt. ID : 3513146

Pt. Loc :

Reg Date and Time : 13-Apr-2024 09:04

Sample Date and Time : 13-Apr-2024 09:04

Report Date and Time : 13-Apr-2024 11:33

Sample Type : Serum

Sample Coll. By :

Acc. Remarks : Normal

Mobile No :

Ref Id1 : OSP33775

Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>BUN (Blood Urea Nitrogen)</b> <i>GLDH</i>	9.8	mg/dL	7.00 - 18.70	
<b>Uric Acid</b> <i>Uricase</i>	4.28	mg/dL	2.6 - 6.2	
<b>Creatinine</b>	0.81	mg/dL	0.50 - 1.50	

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

**Dr. Shreya Shah**

M.D. (Pathologist)







## LABORATORY REPORT



Name : **USHABEN B PATEL**

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 49 Years

Case ID : 40402200299

Dis. At :

Pt. ID : 3513146

Pt. Loc :

Reg Date and Time : 13-Apr-2024 09:04

Sample Type : Serum

Mobile No :

Sample Date and Time : 13-Apr-2024 09:04

Sample Coll. By :

Ref Id1 : OSP33775

Report Date and Time : 13-Apr-2024 10:44

Acc. Remarks : Normal

Ref Id2 :

### TEST

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

### Thyroid Function Test

Triiodothyronine (T3)	102.83	ng/dL	70 - 204	
Thyroxine (T4) CMA	6.02	ng/dL	4.87 - 11.72	
TSH CMA	3.16	µIU/mL	0.4 - 4.2	

### INTERPRETATIONS

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

### CAUTIONS

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

### TSH ref range in pregnancy

First trimester  
Second trimester  
Third trimester

### Reference range (microIU/ml)

0.24 - 2.00  
0.43-2.2  
0.8-2.5

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

Dr. Shreya Shah  
M.D. (Pathologist)





## LABORATORY REPORT



Name : **USHABEN B PATEL**

Ref.By : **HOSPITAL**

Bill. Loc. : **Aashka hospital**

Sex/Age : **Female/ 49 Years**

Dis. At :

Case ID : **40402200299**

Pt. ID : **3513146**

Pt. Loc :

Reg Date and Time : **13-Apr-2024 09:04**

Sample Type : **Serum**

Mobile No :

Sample Date and Time : **13-Apr-2024 09:04**

Sample Coll. By :

Ref Id1 : **OSP33775**

Report Date and Time : **13-Apr-2024 10:44**

Acc. Remarks : **Normal**

Ref Id2 :

**Interpretation Note:**

Ultra sensitive-thyroid-stimulating hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitary-thyroid axis, 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 (on 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

First trimester

Second trimester

Third trimester

Reference range (microIU/ml)

0.24 - 2.00

0.43-2.2

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. Shreya Shah**

M.D. (Pathologist)

Page 11 of 13





## LABORATORY REPORT



Name : **USHABEN B PATEL**

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 49 Years

Dis. At :

Pt. Loc :

Case ID : 40402200299

Pt. ID : 3513146

Reg Date and Time : 13-Apr-2024 09:04 Sample Type : Spot Urine

Mobile No :

Sample Date and Time : 13-Apr-2024 09:04 Sample Coll. By :

Ref Id1 : OSP33775

Report Date and Time : 13-Apr-2024 11:05 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)





## LABORATORY REPORT

Name : **USHABEN B PATEL**

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 49 Years

Dis. At :

Case ID : 40402200299

Pt. ID : 3513146

Pt. Loc :

Reg Date and Time : 13-Apr-2024 09:04 Sample Type : Spot Urine

Sample Date and Time : 13-Apr-2024 09:04 Sample Coll. By :

Mobile No :

Report Date and Time : 13-Apr-2024 11:05 Acc. Remarks : Normal

Ref Id1 : OSP33775

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
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)

Page 13 of 13

