

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

UHID:	Date: 25/12/23	Time:
Patient Name: Ravindra Punjya	Age/Sex: 36/M.	Height: Weight:
Chief Complain:		
History: Routine dental check up		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination:		
Extra oral :		
Intra oral - Teeth Present :	Stain ++ calculus +	
Teeth Absent :		
Diagnosis:		

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

Other Advice:

→ Jentiny → 500 1-

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

CIN: L85110GJ2012PLC072647



DR. PRERAK TRIVEDI
M.D., IDCCM
CRITICAL CARE MEDICINE
REG.NO.G-59493

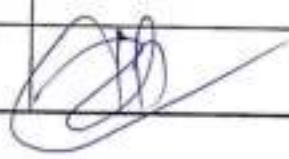
UHID:		Date: 23/12/23	Time: 4:25 PM
Patient Name: Ravindra Parthiv		Height:	
Age / Sex: 86 y / M	LMP:	Weight:	
History:			
C/C/O:		History:	
-		-	
Allergy History:		Addiction:	
Nutritional Screening: Well-Nourished / Malnourished / Obese			
Vitals & Examination:			
Temperature: Normal			
Pulse: 78/min			
BP: 130/78 mmHg			
SPO2: 98% on RA			
Provisional Diagnosis:			

Advice:

Life style modification

Rx

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

Insulin Scale	RBS- hourly	Diet Advice:	
< 150 -	300-350 -	Follow-up:	
150-200 -	350-400 -	Sign:	
200-250 -	400-450 -		
250-300 -	> 450 -		

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

UHID:	Date: 29/10/15	Time:
Patient Name: R. V. INDRKUMAR DANDAZAR	Age / Sex: 36 M	Height:
	Weight:	
History: P10 R. V. INDRKUMAR		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination: D.V. < GIG CIG <u>N.V. + o.o</u> colony with nuclei		
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:

[Handwritten mark]

Follow-up:

Consultant's Sign:

PATIENT NAME: RAVINDRAKUMAR PANDYA

GENDER/AGE: Male / 36 Years

DATE: 23/12/23

DOCTOR: DR. SUBIR GHOSH

OPDNO: OSP29059

2D-ECHO

MITRAL VALVE : NORMAL
AORTIC VALVE : NORMAL
TRICUSPID VALVE : NORMAL
PULMONARY VALVE : NORMAL
AORTA : NORMAL
LEFT ATRIUM : NORMAL
LV Dd / Ds : 45/30mm EF 60%
IVS / LVPW / D : NORMAL
IVS : NORMAL
IAS : NORMAL
RA : NORMAL
RV : NORMAL
PA : NORMAL
PERICARDIUM : NORMAL
VEL : PEAK MEAN
M/S : Gradient mm Hg Gradient mm Hg
MITRAL : NORMAL
AORTIC : NORMAL
PULMONARY : NORMAL
COLOUR DOPPLER :
RVSP :
CONCLUSION : NORMAL STUDY.

CARDIOLOGIST
DR. SUBIR GHOSH



REPORT REPORT REPORT

Aashka Hospitals Ltd.

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www.aashkahospitals.in
CIN: L85110GJ2012PLC072647



PATIENT NAME: RAVINDRAKUMAR PANDYA

GENDER/AGE: Male / 36 Years

DATE: 23/12/23

DOCTOR:

OPDNO: OSP29059

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

REPORT REPORT REPORT

PATIENT NAME:RAVINDRAKUMAR PANDYA

GENDER/AGE:Male / 36 Years

DATE:23/12/23

DOCTOR:

OPDNO:OSP29059

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 4.2 cms in size.

Left kidney measures about 10.0 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 140 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 18 cc.

COMMENT: Umbilical hernia with defect of 9.9 mm.

Normal sonographic appearance of liver, GB; Pancreas, spleen, kidneys, bladder and prostate.


DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST



LABORATORY REPORT



Name : RAVINDRAKUMAR PANDYA	Sex/Age : Male / 36 Years	Case ID : 31202200514
Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 3217145
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 23-Dec-2023 09:03	Sample Type :	Mobile No : 7778923205
Sample Date and Time : 23-Dec-2023 09:03	Sample Coll. By :	Ref Id1 : OSP29059
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 : 023248553

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Haemogram (CBC)			
RBC (Electrical Impedance)	5.65	millions/cu mm	4.50 - 5.50
MCV (RBC histogram)	82.3	fL	83.00 - 101.00
MCH (Calc)	26.5	pg	27.00 - 32.00
Lymphocyte	42.0	%	20.00 - 40.00
Lipid Profile			
HDL Cholesterol	35.8	mg/dL	48 - 77
Chol/HDL	5.51		0 - 4.1
LDL Cholesterol	147.05	mg/dL	0.00 - 100.00
Plasma Glucose - F	112.56	mg/dL	70 - 100

Abnormal Result(s) Summary End

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

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Hematology & Clinical Pathology	079-40408114
Flow Cytometry, Coagulation & Electrophoresis	079-40408117
Genetics	079-40408115
Other Services	Contact Numbers
Marketing, Clinical Trials & Corporate Affairs - Dr. Anoo Shukla	7698009812
Marketing - Laboratories - Mr. Sunil Panchal	9824002011
Billing & Accounts - Mr. Pravin Patel	9824728315
Visits (Home / Hospital for Sample Collection) & General Information - Mrs. Sonal Shah	9824408721
Sample Transport / Pick-ups & Report Dispatch - Mr. Sachin Chauhan	7698009903

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Neuberg Suprattech Branches in Ahmedabad

Sindhu Bhawan - Ph - 079-61618111, 6357244307, Bapunagar - 635678001/22,
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 Bhuyangdev - 9879624264

Neuberg Suprattech Collection Centers in Ahmedabad

Shahibaug - 079-25630134, Shyambai - 079-26743434, Paldi - 6359900406, Naroda - 079-22804774

Neuberg Center For Genomic Medicine

GTP House Lane, Near East Ebarry, Sindhu Bhawan Road, Bodakdev, Ahmedabad - 380059
 Phone - 079-61618111, 6357244307 Email - contact@ncgmglobal.com Website - www.ncgmglobal.com



LABORATORY REPORT



Name : RAVINDRAKUMAR PANDYA Sex/Age : Male / 36 Years Case ID : 31202200514
 Ref.By : AASHKA HOSPITAL Dis. At : Pt. ID : 3217145
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 23-Dec-2023 09:03 Sample Type : Whole Blood EDTA Mobile No : 7778923205
 Sample Date and Time : 23-Dec-2023 09:03 Sample Coll. By : Ref Id1 : OSP29059
 Report Date and Time : 23-Dec-2023 09:20 Acc. Remarks : Normal Ref Id2 : O23248553

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin	15.0	G%	13.00 - 17.00
RBC (Electrical Impedance)	H 5.65	millions/cumm	4.50 - 5.50
PCV(Calc)	46.50	%	40.00 - 50.00
MCV (RBC histogram)	L 82.3	fL	83.00 - 101.00
MCH (Calc)	L 26.5	pg	27.00 - 32.00
MCHC (Calc)	32.2	gm/dL	31.50 - 34.50
RDW (RBC histogram)	13.00	%	11.00 - 16.00

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

Total WBC Count	5710	/μL	4000.00 - 10000.00
Neutrophil	[%] 48.0	%	EXPECTED VALUES 40.00 - 70.00 [Abs] 2741 /μL 2000.00 - 7000.00
Lymphocyte	H 42.0	%	20.00 - 40.00 2398 /μL 1000.00 - 3000.00
Eosinophil	2.0	%	1.00 - 6.00 114 /μL 20.00 - 500.00
Monocytes	8.0	%	2.00 - 10.00 457 /μL 200.00 - 1000.00
Basophil	0.0	%	0.00 - 2.00 0 /μL 0.00 - 100.00

PLATELET COUNT (Optical)

Platelet Count	213000	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	1.14		0.78 - 3.53

SMEAR STUDY

RBC Morphology	Normocytic Normochromic RBCs.
WBC Morphology	Lymphocytosis
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)

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Page 2 of 11



Neuberg Diagnostics Private Limited

Laboratory : "KEDAR" Opposite Krupa Petrol Pump, Near Parimal Garden, 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

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Biochemistry & Immunology	079-40408120
Microbiology	079-40408145
Histopathology & Cytology	079-40408132
Hematology & Clinical Pathology	079-40408114
Flow Cytometry, Coagulation & Electrophoresis	079-40408117
Genetics	079-40408161
Other Services	Contact Numbers
Marketing, Clinical Trials & Corporate Affairs - Dr. Anee Shukla	7698009912
Marketing - Laboratories - Mr. Sunil Pandya	9824002011
Billing & Accounts - Mr. Piyvin Patel	9824728115
Walk In/ Home - Hospital for Sample Collection & General Information - Mrs. Sanoj Shah	9824408721
Sample Transport / Pick-up & Report Dispatch - Mr. Suchit Chauhan	7698009905

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LABORATORY REPORT



Name : RAVINDRAKUMAR PANDYA	Sex/Age : Male / 36 Years	Case ID : 31202200514
Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 3217145
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 23-Dec-2023 09:03	Sample Type : Whole Blood EDTA	Mobile No : 7778923205
Sample Date and Time : 23-Dec-2023 09:03	Sample Coll. By :	Ref Id1 : OSP29059
Report Date and Time : 23-Dec-2023 10:58	Acc. Remarks : Normal	Ref Id2 : O23248553

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)

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LABORATORY REPORT



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Ref.By : AASHKA HOSPITAL	Dis. At :	Pl. ID : 3217145
Bill. Loc. : Aashka hospital		Pl. Loc :
Reg Date and Time : 23-Dec-2023 09:03	Sample Type : Spot Urine	Mobile No : 7778923205
Sample Date and Time : 23-Dec-2023 09:03	Sample Coll. By :	Ref Id1 : OSP29059
Report Date and Time : 23-Dec-2023 09:40	Acc. Remarks : Normal	Ref Id2 : O23248553

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	1.005	1.005 - 1.030
pH	6.50	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	/LPF	Nil
Crystals	Nil	/HPF	Nil

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

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 Reg Date and Time : 23-Dec-2023 09:03 Sample Type : Spot Urine Mobile No : 7778923205
 Sample Date and Time : 23-Dec-2023 09:03 Sample Coll. By : Ref Id1 : OSP29059
 Report Date and Time : 23-Dec-2023 09:40 Acc. Remarks : Normal Ref Id2 : O23248553

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	-	-	-	-	-

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

Dr. Shreya Shah
M.D. (Pathologist)

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Page 5 of 11



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Marketing - Laboratories - Mr. Sunil Panchal	9824002011
Billing & Accounts - Mr. Pravin Fotedar	9824728315
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Sample Transport / Pick-up & Report Dispatch - Mr. Suchit Chauhan	7698009903

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Phone : 079-61618111, 6357244307 Email : contact@ncgmglobal.com Website : www.ncgmglobal.com



LABORATORY REPORT



Name : RAVINDRAKUMAR PANDYA Sex/Age : Male / 36 Years Case ID : 31202200514
 Ref.By : AASHKA HOSPITAL Dis. At : PL ID : 3217145
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 23-Dec-2023 09:03 Sample Type : Plasma Fluoride F, Plasma Fluoride PP, Serum Mobile No : 7778923205
 Sample Date and Time : 23-Dec-2023 09:03 Sample Coll. By : Ref Id1 : OSP29059
 Report Date and Time : 23-Dec-2023 11:58 Acc. Remarks : Normal Ref Id2 : O23248553

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Plasma Glucose - F <small>Photometric, Hexokinase</small>	H 112.56	mg/dL	70 - 100	
Plasma Glucose - PP <small>Photometric, Hexokinase</small>	123.47	mg/dL	70.0 - 140.0	
BUN (Blood Urea Nitrogen) <small>GLDH</small>	11.8	mg/dL	8.90 - 20.60	
Creatinine	0.86	mg/dL	0.50 - 1.50	
Uric Acid <small>Uricase</small>	5.79	mg/dL	3.5 - 7.2	

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

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Marketing - Laboratories - Mr. Suchit Parthoi	9824502011
Billing & Accounts - Mr. Pravin Patel	9824728315
Visits (Home / Hospital for Sample Collection) & General Information - Mrs. Sonal Shah	9824408721
Sample Transport / Pick-up & Report Dispatch - Mr. Suchit Chauhan	7698009903

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LABORATORY REPORT



Name : RAVINDRAKUMAR PANDYA	Sex/Age : Male / 36 Years	Case ID : 31202200514
Ref.By : AASHKA HOSPITAL	Dis. At :	PL ID : 3217145
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 23-Dec-2023 09:03	Sample Type : Serum	Mobile No : 7778923205
Sample Date and Time : 23-Dec-2023 09:03	Sample Coll. By :	Ref Id1 : OSP29059
Report Date and Time : 23-Dec-2023 11:58	Acc. Remarks : Normal	Ref Id2 : O23248553

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol <small>Colorimetric, CHOD-POD</small>	197.39	mg/dL	110 - 200	
HDL Cholesterol	L 35.8	mg/dL	48 - 77	
Triglyceride <small>Glycerol Phosphate Oxidase</small>	72.69	mg/dL	<150	
VLDL <small>Calculated</small>	14.54	mg/dL	10 - 40	
Chol/HDL <small>Calculated</small>	H 5.51		0 - 4.1	
LDL Cholesterol <small>Calculated</small>	H 147.05	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
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Marketing - Laboratories - Mr. Sunil Funchal	9824002011
Billing & Accounts - Mr. Pravin Patel	9824726315
Visit Home / Hospital for Sample Collection & General Information - Mrs. Sandi Shah	9824408721
Sample Transport / Pick-up & Report Dispatch - Mr. Suchit Chauhan	7698009903

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LABORATORY REPORT



Name : RAVINDRAKUMAR PANDYA Sex/Age : Male / 36 Years Case ID : 31202200514
 Ref.By : AASHKA HOSPITAL Dis. At : Pt. ID : 3217145
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 23-Dec-2023 09:03 Sample Type : Serum Mobile No : 7778923205
 Sample Date and Time : 23-Dec-2023 09:03 Sample Coll. By : Ref Id1 : OSP29059
 Report Date and Time : 23-Dec-2023 12:07 Acc. Remarks : Normal Ref Id2 : O23248553

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>	20.15	U/L	16 - 63	
S.G.O.T. <i>UV with P5P</i>	20.84	U/L	15 - 37	
Alkaline Phosphatase <i>Enzymatic, PNPP-AMP</i>	98.77	U/L	46 - 116	
Gamma Glutamyl Transferase <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate</i>	19.47	U/L	0 - 55	
Proteins (Total) <i>Colorimetric, Biuret</i>	7.34	gm/dL	6.40 - 8.30	
Albumin <i>Bromocresol purple</i>	4.67	gm/dL	3.4 - 5	
Globulin <i>Calculated</i>	2.67	gm/dL	2 - 4.1	
A/G Ratio <i>Calculated</i>	1.7		1.0 - 2.1	
Bilirubin Total <i>Photometry</i>	1.13	mg/dL	0.3 - 1.2	
Bilirubin Conjugated <i>Diazotization reaction</i>	0.45	mg/dL	0 - 0.50	
Bilirubin Unconjugated <i>Calculated</i>	0.68	mg/dL	0 - 0.8	

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

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M.D. (Pathologist)

Page 8 of 11

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LABORATORY REPORT



Name : RAVINDRAKUMAR PANDYA ,	Sex/Age : Male / 36 Years	Case ID : 31202200514
Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 3217145
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 23-Dec-2023 09:03	Sample Type : Whole Blood EDTA	Mobile No : 7778923205
Sample Date and Time : 23-Dec-2023 09:03	Sample Coll. By :	Ref Id1 : OSP29059
Report Date and Time : 23-Dec-2023 10:02	Acc. Remarks : Normal	Ref Id2 : O23248553

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Glycated Haemoglobin Estimation				
HbA1C	5.24	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes *	
Estimated Avg Glucose (3 Mths) Calculated	103.69	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.

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LABORATORY REPORT



Name : RAVINDRAKUMAR PANDYA	Sex/Age : Male / 36 Years	Case ID : 31202200514
Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 3217145
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 23-Dec-2023 09:03	Sample Type : Serum	Mobile No : 7778923205
Sample Date and Time : 23-Dec-2023 09:03	Sample Coll. By :	Ref Id1 : OSP29059
Report Date and Time : 23-Dec-2023 10:32	Acc. Remarks : Normal	Ref Id2 : O23248553

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Thyroid Function Test				
Triiodothyronine (T3)	111.55	ng/dL	70 - 204	
Thyroxine (T4) CMA	9.44	ng/dL	4.87 - 11.72	
TSH CMA	2.57	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 antianimal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

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

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

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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

CONDITIONS OF REPORTING

1. All laboratory investigations have their limitations which are imposed by the limits of sensitivity and specificity of individual assay procedures as well as the quality of the specimen received by the laboratory. Isolated laboratory investigations never confirm the final diagnosis of the disease, but only help in arriving at a diagnosis in conjunction with clinical presentation and other related investigations.
2. The result(s) relate only to the sample(s) received.
3. The test report shall not be reproduced except in full, without written approval of the Neuberg Suprattech Reference Laboratories (NSRL).
4. For any query in the report, it is suggested to contact the concerned laboratory personnel as suggested in the table to help carry out follow-up action (rechecking, repeat sampling, reflex/confirmatory testing, etc.). Neuberg Suprattech Reference Laboratories (NSRL) follows a procedure of retaining & preserving samples after testing for a stipulated period. After the retention period of the sample, a fresh specimen is requested.
5. Report results are for the information of the referring doctor only.
6. For tests performed on specimens received from non - Neuberg Suprattech Reference Laboratories (NSRL) locations (within and outside Ahmedabad) it is presumed that the specimen belongs to the patient named or identified, such verification having been carried out at the point of generation of the said specimen.
7. A test requested might yield **INCOMPLETE RESULTS** for various technical reasons and this response will appear against the test name followed by detailed comment at the end of the report. It is expected that a fresh specimen will be sent for the purpose of reporting on the same parameter(s).
8. Neuberg Suprattech Reference Laboratories (NSRL) Ahmedabad is accredited by ICMR and NABL for COVID-19 testing.

Lab Reports & Advisory Services	Contact Numbers
Biochemistry & Immunology	079-40408120
Microbiology	079-40408145
Histopathology & Cytology	079-40408132
Hematology & Clinical Pathology	079-40408114
Flow Cytometry, Coagulation & Electrophoresis	079-40408117
Genetics	079-40408161
Other Services	Contact Numbers
Marketing, Clinical Trials & Corporate Affairs - Dr. Arnoo Shukla	7698009812
Marketing - Laboratories - Mr. Sunil Fanchal	9824002011
Billing & Accounts - Mr. Binin Patel	9824728315
Visit (Home / Hospital for Sample Collection) & General Information - Mrs. Sana' Shah	9824408721
Sample Transport / Pick-up & Report Dispatch - Mr. Suchit Chauhan	7698009903

Any query may also be directed online on contact@neubergsuprattech.com with attention to the concerned personnel.

Neuberg Suprattech Branches in Ahmedabad

Sindhu Bhavan - Ph : 079-61618111, 6357244307, Bopunagar - 635678001/22,
 Maninagar - 079-40408282, 75450802, Sopal - 07717-235881/82, Gola - 6357244303
 Bhuyangdev - 9879624264

Neuberg Suprattech Collection Centers in Ahmedabad

Shahibaug - 079-25630134, Ghyamal - 079-26743434, Paldi - 6359900406, Nareda - 079-22804774

Neuberg Center For Genomic Medicine

GTPL House Lane, Near East Ebony, Sindhu Bhavan Road, Bodakdev, Ahmedabad -380059
 Phone : 079-61618111, 6357244307 Email : contact@ncgmglobal.com Website : www.ncgmglobal.com



LABORATORY REPORT



Name : RAVINDRAKUMAR PANDYA	Sex/Age : Male / 36 Years	Case ID : 31202200514
Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 3217145
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 23-Dec-2023 09:03	Sample Type : Serum	Mobile No : 7778923205
Sample Date and Time : 23-Dec-2023 09:03	Sample Coll. By :	Ref Id1 : OSP29059
Report Date and Time : 23-Dec-2023 10:32	Acc. Remarks : Normal	Ref Id2 : O23248553

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/↑	↓

----- 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 11 of 11

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RAVINDRAKUMAR PANDYA
36/m

23.12.2023 10:55:54 AM
AASHKA HOSPITAL LTD.
SARGASAN
GANDHINAGAR

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

Room:

84 bpm
--/-- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 80 ms
QT / QTcBaz : 362 / 427 ms
PR : 144 ms
P : 100 ms
RR / PP : 712 / 714 ms
P / QRS / T : 38 / 28 / 27 degrees

Normal sinus rhythm
Normal ECG

