

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:	Date: 27/01/24	Time: 11:20
Patient Name: Ashubhai	Age / Sex:	Height:
		Weight:
History:	C/O Health check.	
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination:	WNL No 16 Cob 16 vision - normal	
Diagnosis:	-	

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

UHID:	Date: 27/01/2024	Time:
Patient Name: ASHA JAYESH VASAVA	Age / Sex: 30 / F	Height: Weight:
Chief Complain:	Routine dental checkup	
History:	—	
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
examination:	+ stain ++ calculus	
Extra oral:		
Intra oral ~ Teeth Present:		
Teeth Absent:		
Diagnosis:		

Dr. MAULIK VYAS

M.B.B.S., D.T.C.D., T.D.D.

Reg.no: G-0749

CHEST PHYSICIAN, ALLERGY SPECIALIST and INTERVENTIONAL PULMONOLOGIST

NAME: ASAH JAYESH NALAVA

AGE: 31 yrs. SEX: F.

Height: Weight:

Chief Complaints:

None

Body built / Nutritional status: *ok.*

Any known allergies: *None*

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

None

"FIT FOR DUTY"

AD

Provisional Diagnosis:

*General Examination:

- Lymph node enlargement: *(N)*

*On Examination:-

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

- Chest movements: *(N)*

Rx,

- Air entry: *AE = AF.*

Clubbing:

Cyanosis:

Edema:

(N)

Adv: *(1) life style modification*
(2) Inform LOS.

M. B. V. V. S.

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- Dimmer level,
 - Procalcitonin level,
- ***Tumor markers:-**
 - CEA (carcinoembryonic antigen),
 - Neuron specific enolase (NSE)(Small cell carcinoma),
 - SCC(Squamous cell carcinoma antigen),
- 10) Follow up after days/months.
- 11) Inform SOS.
- 12) Admisston.

Dr. Maulik Vyas

COLOUR DOPPLER ECHOCARDIOGRAPH REPORT

ADDRESSOGRAPH

COLOUR DOPPLER ECHOCARDIOGRAPH REPORT

 Patient's Name : Aspa Varma Age : _____ Sex : _____

Ref. by Doctor : _____ IP/OP No. : _____ Date: _____

MITRAL VALVE	:			
AORTIC VALVE	:		②	
TRICUSPID VALVE	:			
PULMONARY VALVE	:			
AORTA	:			
LEFT ATRIUM	:			
IV Dd/ Ds	:			Flp: 60%
IVS / LVPW / D	:			
IVS	:			
IAS	:			
RA	:			
RV	:			
PERICARDIUM	:			
VEL	:		PEAK	MEAN
M/S	:		Gradient mm Hg	Gradient mm Hg
MITRAL	:			
AORTIC	:			
PULMONARY	:			
COLOUR DOPPLER	:			
RSVP	:			
CONCLUSION	:		② study	





Name: Aska Jayside Vasava Age: 31 years

Complaints: Irregularity

No of deliveries: 1st FT-D / OP / SB at B

Last Delivery: Birth (1) Home
Sy-babu

History of abortion: _____
none

DM	<input type="checkbox"/>
HTN	<input type="checkbox"/>
Thyroid	<input type="checkbox"/>

MH: RAJPL Reg: _____
LMP: 9/12/23 est: see self attached

P/A: yes

P/S: _____
P/N: OK

Sample:-
Vagina ✓
Cervix

Doctors Sign:- ASKA

27.01.2024 10:29:45 AM
AASHKA HOSPITAL LTD.
SARGASAN
GANDHINAGAR

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

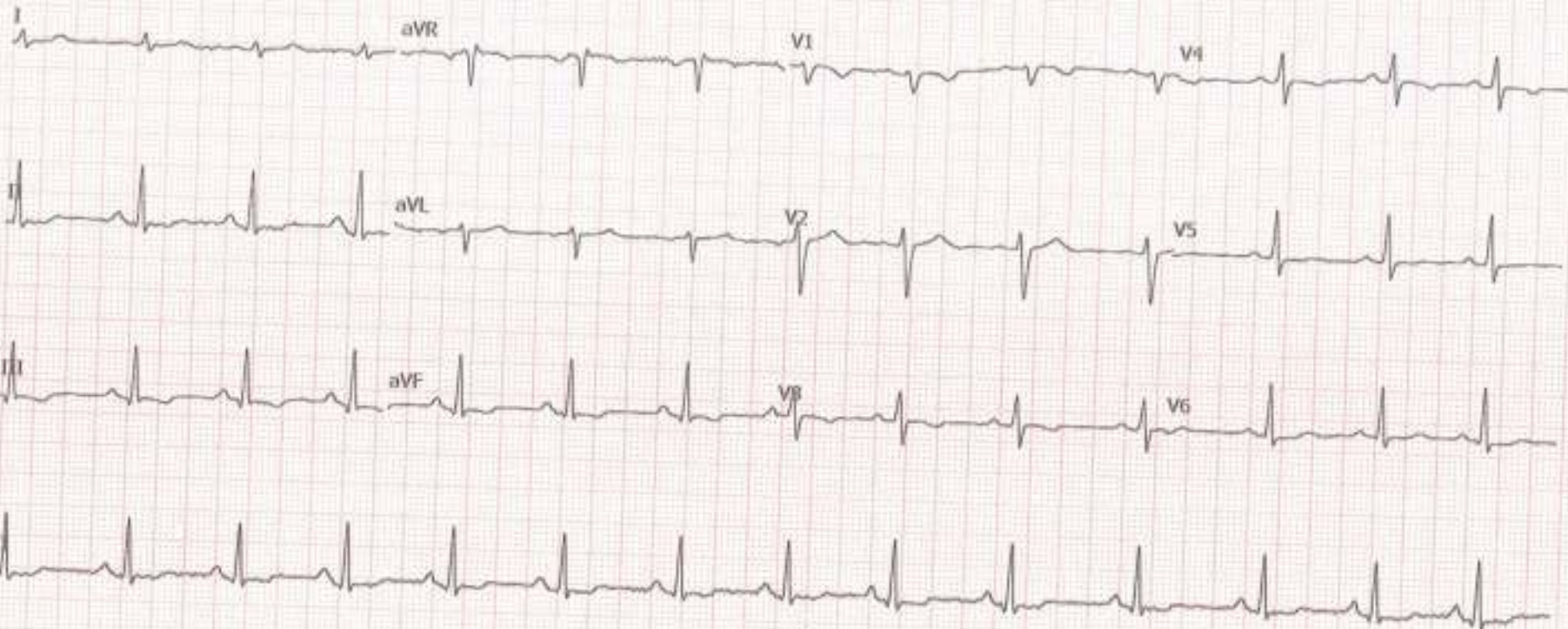
Room:

82 bpm
- / - mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 84 ms
QT / QTcBaz : 368 / 429 ms
PR : 154 ms
P : 116 ms
RR / PP : 728 / 731 ms
P / QRS / T : 76 / 87 / 43 degrees

Normal sinus rhythm with sinus arrhythmia
T wave abnormality, consider inferior ischemia
Abnormal ECG



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CIN: L85110GJ2012PLC032647

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



PATIENT NAME: ASHA JAYESH VASAVA

GENDER/AGE: Female / 30 Years

DOCTOR:

OPDNO: OSP33120

DATE: 17/01/24

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 IHR 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 10.0 x 4.0 cms in size.

Left kidney measures about 10.1 x 4.1 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

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



PATIENT NAME: ASHA JAYESH VASAVA

GENDER/AGE: Female / 30 Years

DOCTOR:

OPDNO: OSP33120

DATE: 27/01/24

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



LABORATORY REPORT

Name : ASAH JAYESH VASAVA

Ref.By :

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 31 Years

Dis. At :

Case ID : 40102200595

Pl. ID : 3302596

Pl. Loc :

Reg Date and Time : 27-Jan-2024 08:54

Mobile No : 8849718220

Sample Type :

Sample Date and Time : 27-Jan-2024 08:54

Ref Id1 : DSP33120

Report Date and Time :

Acc. Remarks : Normal

Ref Id2 : O23249509

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Blood Glucose Fasting & Postprandial			
Plasma Glucose - F	103.29 ✓	mg/dL	70 - 100
Haemogram (CBC)			
RBC (Electrical Impedance)	5.43	millions/cu mm	3.80 - 4.80
MCV (RBC histogram)	71.4	fL	83.00 - 101.00
MCH (Calc)	22.6	pg	27.00 - 32.00
Lipid Profile			
Cholesterol	228.2 ✓	mg/dL	110 - 200
Chol/HDL	4.57		0 - 4.1
LDL Cholesterol	162.20 ✓	mg/dL	0.00 - 100.00

Abnormal Result(s) Summary End

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

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LABORATORY REPORT

Name : ASAH JAYESH VASAVA Sex/Age : Female/ 31 Years Case ID : 40102200895
 Ref.By : Dis. At : Pt. ID : 3302596
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 27-Jan-2024 08:54 Sample Type : Whole Blood EDTA Mobile No : 8849718220
 Sample Date and Time : 27-Jan-2024 08:54 Sample Coll. By : Ref Id1 : OSP33120
 Report Date and Time : 27-Jan-2024 09:38 Acc. Remarks : Normal Ref id2 : O23249509

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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HAEMOGRAM REPORT

HB AND INDICES	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
Haemoglobin	12.3	G%	12.0 - 15.0	
RBC (Electrical Impedance)	H 5.43	millions/cumm	3.80 - 4.80	
PCV(Calc)	38.77	%	36.00 - 46.00	
MCV (RBC histogram)	L 71.4	fL	83.00 - 101.00	
MCH (Calc)	L 22.6	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)

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
Total WBC Count	5750	/µL	4000.00 - 10000.00	
Neutrophil	L 52.0	%	40.00 - 70.00	[Abs] 2890
Lymphocyte	39.0	%	20.00 - 40.00	2243
Eosinophil	2.0	%	1.00 - 6.00	115
Monocytes	7.0	%	2.00 - 10.00	403
Basophil	0.0	%	0.00 - 2.00	0

PLATELET COUNT (Optical)

Platelet Count	288000	/µL	160000.00 - 410000.00
Neut/Lympho Ratio (NLR)	1.33		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-Very Low, L-Low, H-High, VHS-Very High, A-Abnormal)


 Dr. Shreya Shah
 M.D. (Pathologist)

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LABORATORY REPORT

Name : ASAH JAYESH VASAVA

Ref By :

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 31 Years

Dis. At :

PL ID :

PL Loc :

Reg Date and Time : 27-Jan-2024 08:54

Sample Type : Whole Blood EDTA

Mobile No : 6849718220

Sample Date and Time : 27-Jan-2024 08:54

Sample Coll. By :

Ref Id1 : OSP33120

Report Date and Time : 27-Jan-2024 10:42

Acc. Remarks : Normal

Ref Id2 : O23249508

TEST

RESULTS

UNIT

BIOLOGICAL REF RANGE

REMARKS

ESR

Westergren Method

10

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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LABORATORY REPORT



Name : ASAH JAYESH VASAVA

Sex/Age : Female/ 31 Years Case ID : 40102200595

Ref.By :

Dis. At :

Pl. ID : 3302596

Bill. Loc. : Aashika hospital

Pt. Loc. :

Reg Date and Time : 27-Jan-2024 08:54

Sample Type : Whole Blood EDTA

Mobile No : 8848718220

Sample Date and Time : 27-Jan-2024 08:54

Sample Coll. By :

Ref Id1 : OSP333120

Report Date and Time : 27-Jan-2024 09:15

Acc. Remarks : Normal

Ref Id2 : O23248509

TEST

RESULTS

UNIT BIOLOGICAL REF RANGE

REMARKS

HAEMATATOLOGY INVESTIGATIONS

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

ABO Type

AB

Rh Type

POSITIVE

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

Dr. Shreya Shah
M.D. (Pathologist)

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LABORATORY REPORT



Name : **ASAH JAYESH VASAVA** Sex/Age : **Female/ 31 Years** Case ID : **40102200595**
 Ref.By : Dis. At : Pl. ID : **3302596**
 Bill. Loc. : **Aashka hospital** Pl. Loc :

Reg Date and Time : **27-Jan-2024 08:54** Sample Type : **Spot Urine** Mobile No : **8849718220**
 Sample Date and Time : **27-Jan-2024 08:54** Sample Coll. By : Ref Id1 : **OSP33120**
 Report Date and Time : **27-Jan-2024 09:38** Acc. Remarks : **Normal** Ref Id2 : **O23249509**

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	/uL	Nil
Yeast	Nil	/uL	Nil
Cast	Nil	/LPF	Nil
Crystals	Nil	/HPF	Nil

Note: (L-Low, V-Very Low, H-High, VH-Very High, A-Abnormal)



Dr. Shreya Shah
 M.D. (Pathologist)

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LABORATORY REPORT

Name : **ASAH JAYESH VASAVA**

Sex/Age : Female/ 31 Years

Case ID : 40102200595

Ref.By :

Dis. At :

Pl. ID : 3302595

Bill. Loc. : Aashika hospital

Pl. Loc :

Reg Date and Time : 27-Jan-2024 08:54

Sample Type : Spot Urine

Mobile No : 8846718220

Sample Date and Time : 27-Jan-2024 08:54

Sample Coll. By :

Ref Id1 : OSP33120

Report Date and Time : 27-Jan-2024 09:38

Acc. Remarks : Normal

Ref Id2 : O23248509

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-Very Low, L-Low, H-High, HH-Very High, A-Abnormal)



Dr. Shreya Shah
M.D. (Pathologist)

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LABORATORY REPORT



Name : ASAH JAYESH VASAVA

Sex/Age : Female/ 31 Years Case ID : 40102200595

Ref.By :

Dis. At : PL ID : 3302596

Bill. Loc. : Aashka hospital

PL Loc :

Reg Date and Time : 27-Jan-2024 08:54

Mobile No : 8849719220

Sample Type : Plasma Fluoride F, Plasma Fluoride PP

Sample Date and Time : 27-Jan-2024 08:54

Ref Id1 : OSP33120

Report Date and Time : 27-Jan-2024 13:12

Ref Id2 : O23249508

Acc. Remarks : Normal

REMARKS

UNIT BIOLOGICAL REF RANGE

RESULTS

BIOCHEMICAL INVESTIGATIONS

Blood Glucose Level (Fasting & Post Prandial)

Plasma Glucose - F <small>Photometric,Hexokinase</small>	H	103.29	mg/dL	70 - 100
Plasma Glucose - PP <small>Photometric,Hexokinase</small>		115.15	mg/dL	70.0 - 140.0

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

<100 mg/dL : Normal level

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

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

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

Dr. Shreya Shah

M.D. (Pathologist)

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LABORATORY REPORT

Name : ASAH JAYESH VASAVA

Sex/Age : Female/ 31 Years

Ref.By :

Dis. At :

Case ID : 40102200595

Pl. ID : 3302598

Bill. Loc. : Aashika hospital

Pl. Loc. :

Reg Date and Time : 27-Jan-2024 08:54

Sample Type : Serum

Mobile No : 8848718220

Sample Date and Time : 27-Jan-2024 08:54

Sample Coll. By :

Ref Id1 : OSP33120

Report Date and Time : 27-Jan-2024 11:35

Acc. Remarks : Normal

Ref Id2 : O23249509

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

BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol Colorimetric CHCO-POO	H	228.2	mg/dL	110 - 200
HDL Cholesterol		48.9	mg/dL	48 - 77
Triglyceride Glycero Phosphate Oxidase		80.5	mg/dL	<150
VLDL Calculated		18.10	mg/dL	10 - 40
Chol/HDL Calculated	H	4.57		0 - 4.1
LDL Cholesterol Calculated	H	162.20	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 <60	Normal <150
Near Optimal 100-129	Border Line 200-239	High >60	Border High 150-199
Borderline 130-159	High >240		High 200-499

- LDL Cholesterol level is primary goal for treatment and varies with risk category and assessment
- For LDL, Cholesterol level Please consider direct LDL value
- Risk assessment from HDL and Triglyceride has been revised. Also LDL goals have changed.
- Direct 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: (L- Very Low, L- Low, H- High, HH- Very High, A- Abnormal)



Dr. Shreya Shah
M.D. (Pathologist)

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LABORATORY REPORT



Name : ASAH JAYESH VASAVA

Sex/Age : Female/ 31 Years Case ID : 40102200595

Ref.By :

Dis. At : Pt. ID : 3302598

Bill. Loc. : Aashika hospital

Pt. Loc. :

Reg Date and Time : 27-Jan-2024 08:54

Sample Type : Serum

Mobile No : 8849718220

Sample Date and Time : 27-Jan-2024 08:54

Sample Coll. By :

Ref Id1 : OSP33120

Report Date and Time : 27-Jan-2024 11:35

Acc. Remarks : Normal

Ref Id2 : O23249509

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

BIOCHEMICAL INVESTIGATIONS

Liver Function Test

S.G.P.T. UV with PSp	17.5	U/L	14 - 59	
S.G.O.T. UV with PSp	21.0	U/L	15 - 37	
Alkaline Phosphatase Enzymatic, PSp-JWP	102.4	U/L	46 - 116	
Gamma Glutamyl Transferase L-Gamma-glutamyl-3-carboxy-4-nitrosulfide Substrate	14.9	U/L	0 - 38	
Proteins (Total) Colorimetric, Biuret	7.36	gm/dL	6.40 - 8.30	
Albumin Bromocresol purple	4.71	gm/dL	3.4 - 5	
Globulin Calculated	2.65	gm/dL	2 - 4.1	
A/G Ratio Calculated	1.8		1.0 - 2.1	
Bilirubin Total Photometry	0.45	mg/dL	0.3 - 1.2	
Bilirubin Conjugated Diazotization reaction	0.11	mg/dL	0 - 0.50	
Bilirubin Unconjugated Calculated	0.34	mg/dL	0 - 0.8	

Note: [L-Low, V-Low, H-High, VH-Very High, A-Abnormal]



Dr. Shreya Shah
M.D. (Pathology)

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LABORATORY REPORT



Name : ASAH JAYESH VASAVA

Sex/Age : Female/ 31 Years Case ID : 40102200595

Ref.By :

Dis. At :

Pl. ID : 3302598

Bill. Loc. : Aashks hospital

Pl. Loc. :

Reg Date and Time : 27-Jan-2024 08:54

Sample Type : Serum

Mobile No : 8548718220

Sample Date and Time : 27-Jan-2024 08:54

Sample Coll. By :

Ref Id1 : DSP33120

Report Date and Time : 27-Jan-2024 11:35

Acc. Remarks : Normal

Ref Id2 : 023249509

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BUN (Blood Urea Nitrogen) BUN	7.5	mg/dL	7.00 - 18.70	
Creatinine	0.69	mg/dL	0.50 - 1.50	
Uric Acid Uricase	3.95	mg/dL	2.6 - 6.2	

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

Dr. Shreya Shah

M.D. (Pathologist)

Printed On : 27-Jan-2024 13:18



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LABORATORY REPORT

Name : ASAH JAYESH VASAVA

Ref.By :

Blll. Loc. : Aashika hospital

Sex/Age : Female/ 31 Years

Dis. At :

Case ID : 40102200595

Pl. ID : 3302596

Pt. Loc :

Reg Date and Time : 27-Jan-2024 08:54

Sample Type : Whole Blood EDTA

Mobile No : 8848718220

Sample Date and Time : 27-Jan-2024 08:54

Sample Coll. By :

Ref Id1 : OSP33120

Report Date and Time : 27-Jan-2024 09:38

Acc. Remarks : Normal

Ref Id2 : O23249509

TEST

RESULTS

UNIT

BIOLOGICAL REF RANGE

REMARKS

Glycated Haemoglobin Estimation

HbA1C	4.80	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes
Estimated Avg Glucose (3 Mths) Calculated	91.06	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. (Pathology)

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LABORATORY REPORT

Name : ASAH JAYESH VASAVA

Sex/Age : Female/ 31 Years Case ID : 40102200595

Ref.By :

Dis. At :

PL ID : 3302596

Bill. Loc. : Aashka hospital

Pl. Loc :

Reg Date and Time : 27-Jan-2024 08:54

Sample Type : Serum

Mobile No : 8849716220

Sample Date and Time : 27-Jan-2024 08:54

Sample Coll. By :

Ref Id1 : OSP33120

Report Date and Time : 27-Jan-2024 11:15

Acc. Remarks : Normal

Ref Id2 : O23249509

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Thyroid Function Test				
Triiodothyronine (T3)	111.41	ng/dL	70 - 204	
Thyroxine (T4) CIMA	8.09	ng/dL	4.87 - 11.72	
TSH CIMA	2.06	µIU/mL	0.4 - 4.2	

INTERPRETATIONS

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

CAUTIONS

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

TSH ref range in pregnancy

First trimester

Second trimester

Third trimester

Reference range (microIU/ml)

0.24 - 2.00

0.43-2.2

0.8-2.5

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

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LABORATORY REPORT



Name : ASAH JAYESH VASAVA

Sex/Age : Female/ 31 Years

Case ID : 40102200595

Ref By :

Dis. At :

Pt. ID : 3302596

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Sample Type : Serum

Mobile No : 8849718220

Sample Date and Time : 27-Jan-2024 08:54

Sample Coll. By :

Ref Id1 : OSP33120

Report Date and Time : 27-Jan-2024 11:15

Acc. Remarks : Normal

Ref Id2 : O23249509

Interpretation/Notes:

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 indicates excess thyroid hormone. Transient s-TSH abnormalities may be found in severely ill, hospitalized patients, so this is not the ideal test to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (an alternative screening test), when the s-TSH result is abnormal; appropriate follow-up tests (T4 & free T3 levels should be performed). If TSH is between 5.0 to 10.0, free T4 & free T3 level are normal then it is considered as subclinical hypothyroidism which should be followed up after 4 weeks & if TSH is > 10 & free T4 & free T3 level are normal then it is considered as overt hypothyroidism.

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

Normal ranges of TSH & thyroid hormones vary according trimester in pregnancy.
TSH ref range in Pregnancy

First trimester

Second trimester

Third trimester

0.24 - 2.00

0.43-2.7

0.8-2.5

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

Pending Services

Liquid Base Cytology PAP

----- 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)



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