

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

UHID:	Date: 25/12/23	Time:
Patient Name: Sonel Panjya	Age/Sex: 30/F	Height: Weight:
Chief Complain:		
History: routine dental check up		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination:		
Extra oral :		
Intra oral – Teeth Present :	Barinder	E ectm set $\frac{6}{e}   \frac{6}{s}$
Teeth Absent :	Oringival	Residom set $\frac{7}{e}$
Diagnosis:		

Rx

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

Other Advice:

Adv to Santiny  
@ Pelliny

Follow-up:

Consultant's Sign:

*Sepe*

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


UHID:		Date: 23/12/23	Time: 4:21 PM
Patient Name: Sonal Khandelwal		Height:	
Age / Sex: 56y / F	LMP:	Weight:	
History:			
C/C/O:		History:	
—		—	
Allergy History:		Addiction:	
Nutritional Screening: Well-Nourished / Malnourished / Obese			
Vitals & Examination:			
Temperature:			
Pulse: 78/min			
BP: 129/82 mmHg			
SPO2: 98% on RA			
Provisional Diagnosis:			

1 scoop of protein powder with <sup>with</sup> milk

Rx Advice:

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

Other Advice:


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

Follow-up:  
Consultant's Sign:

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 **aashka**  
HOSPITAL



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

<b>UHID:</b>	<b>Date:</b> 23/10/23	<b>Time:</b>
<b>Patient Name:</b> SUMAT BEN PANDYA	<b>Age / Sex:</b> 33 / F	<b>Height:</b>
	<b>Weight:</b>	
<b>History:</b> C10 Refer same		
<b>Allergy History:</b>		
<b>Nutritional Screening:</b> Well-Nourished / Malnourished / Obese		
<b>Examination:</b> D.V. < @ G19 G19 [M.V. + 0.00] Refer coker window		
<b>Diagnosis:</b>		

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:

*st*

Follow-up:

Consultant's Sign:

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HOSPITAL



PATIENT NAME: SONALBEN R PANDYA

GENDER/AGE: Female / 33 Years

DATE: 23/12/23

DOCTOR: DR. SUBIR GHOSH

OPDNO: OSP29058

### 2D-ECHO

MITRAL VALVE	: NORMAL	
AORTIC VALVE	: NORMAL	
TRICUSPID VALVE	: NORMAL	
PULMONARY VALVE	: NORMAL	
AORTA	: NORMAL	
LEFT ATRIUM	: NORMAL	
LV Dd / Ds	> 39/26mm	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

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CIN: LB5110GJ2012PLC072647



**PATIENT NAME:SONALBEN R PANDYA.**

**GENDER/AGE:Female / 33 Years**

**DATE:23/12/23**

**DOCTOR:**

**OPDNO:OSP29058**

**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



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**PATIENT NAME: SONALBEN R PANDYA**

**GENDER/AGE: Female / 33 Years**

**DATE: 23/12/23**

**DOCTOR:**

**OPDNO: OSP29058**

**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 10.3 x 4.0 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 60 cc.

**UTERUS:** Uterus is anteverted and appears normal in size, shape and position. Endometrial and myometrial echoes appear normal. Endometrial thickness measures about 5.6 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**



## LABORATORY REPORT



Name : SONALBEN R PANDYA	Sex/Age : Female/ 33 Years	Case ID : 31202200512
Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 3217114
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 23-Dec-2023 08:56	Sample Type :	Mobile No : 7778923205
Sample Date and Time : 23-Dec-2023 08:56	Sample Coll. By :	Ref Id1 : OSP29058
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 : O23248552

### Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
<b>Haemogram (CBC)</b>			
Haemoglobin	11.0	G%	12.0 - 15.0
RBC (Electrical Impedance)	4.92	millions/cu mm	3.80 - 4.80
PCV(Calc)	35.87	%	36.00 - 46.00
MCV (RBC histogram)	72.9	fL	83.00 - 101.00
MCH (Calc)	22.4	pg	27.00 - 32.00
MCHC (Calc)	30.7	gm/dL	31.50 - 34.50
<b>Lipid Profile</b>			
Cholesterol	209.81	mg/dL	110 - 200
LDL Cholesterol	131.61	mg/dL	0.00 - 100.00
Plasma Glucose - F	104.05	mg/dL	70 - 100

Abnormal Result(s) Summary End

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

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5. Report results are for the information of the referring doctor only.
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8. Neuberg Suprotech 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	079-40408143
Histopathology & Cytology	079-40408132
Hematology & Clinical Pathology	079-40408114
Flow Cytometry, Coagulation & Electrochemistry	079-40408117
Genetics	079-40408161
Other Services	Contact Numbers
Marketing, Clinical Trials & Corporate Affairs - Dr. Anoo Shukla	7698009512
Marketing - Laboratories - Mr. Sunil Panchal	9824002011
Billing & Accounts - Mr. Pravin Patel	9824728315
Visit Home / Hospital for Sample Collection & General Information - Mrs. Sanal Doshi	9824408721
Sample Transport / Pick-up & Report Dispatch - Mr. Suchil Chauhan	7698009903

Any query may also be directed online on [contact@neubergsuprotech.com](mailto:contact@neubergsuprotech.com) with attention to the concerned personnel.

### Neuberg Suprotech Branches in Ahmedabad

Sardhu Bhavsar - Ph : 079-61618111, 6357244307, Bagunagar - 635678001/22,  
Maninagar - 079-40408282, 25450802, Bopal - 02717-225861/82, Gota - 6357244303  
Bhuyangdev - 9879624264

### Neuberg Suprotech Collection Centers in Ahmedabad

Shahibaug - 079-22630134, Shyamol - 079-26743434, Faldi - 6359900406, Neroda - 079-22804774

### Neuberg Center For Genomic Medicine

GTP House Lane, Near East Ebony, Sardhu Bhavsar Road, Bodakdev, Ahmedabad - 380039  
Phone : 079-61618111, 6357244307 Email : [contact@ncgmglobal.com](mailto:contact@ncgmglobal.com) Website : [www.ncgmglobal.com](http://www.ncgmglobal.com)



## LABORATORY REPORT



Name : SONALBEN R PANDYA      Sex/Age : Female/ 33 Years      Case ID : 31202200512  
 Ref.By : AASHKA HOSPITAL      Dis. At :      Pt. ID : 3217114  
 Bill. Loc. : Aashka hospital      Pt. Loc :

Reg Date and Time : 23-Dec-2023 08:56      Sample Type : Whole Blood EDTA,      Mobile No : 7778923205  
 Sample Date and Time : 23-Dec-2023 08:56      Sample Coll. By :      Ref Id1 : OSP29058  
 Report Date and Time : 23-Dec-2023 09:18      Acc. Remarks : Normal      Ref Id2 : O23248552

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

#### HB AND INDICES

Haemoglobin	L 11.0	G%	12.0 - 15.0
RBC (Electrical Impedance)	H 4.92	millions/cumm	3.80 - 4.80
PCV(Calc)	L 35.87	%	36.00 - 46.00
MCV (RBC histogram)	L 72.9	fL	83.00 - 101.00
MCH (Calc)	L 22.4	pg	27.00 - 32.00
MCHC (Calc)	L 30.7	gm/dL	31.50 - 34.50
RDW (RBC histogram)	16.00	%	11.00 - 16.00

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

		UNIT	EXPECTED VALUES	[Abs]	EXPECTED VALUES
Total WBC Count	4970	/μL	4000.00 - 10000.00		
Neutrophil	[%] 57.0	%	40.00 - 70.00	2833	/μL 2000.00 - 7000.00
Lymphocyte	34.0	%	20.00 - 40.00	1690	/μL 1000.00 - 3000.00
Eosinophil	1.0	%	1.00 - 6.00	50	/μL 20.00 - 500.00
Monocytes	8.0	%	2.00 - 10.00	398	/μL 200.00 - 1000.00
Basophil	0.0	%	0.00 - 2.00	0	/μL 0.00 - 100.00

#### PLATELET COUNT (Optical)

Platelet Count	258000	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	1.68		0.78 - 3.53

#### SMEAR STUDY

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

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

Dr. Shreya Shah  
M.D. (Pathologist)

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### 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

www.neubergsupratech.com

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Microbiology	079-40408145
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Other Services	Contact Numbers
Marketing, Clinical Trials & Corporate Affairs - Dr. Anee Shukla	7690009812
Marketing - Laboratories - Mr. Sunil Panchal	9824002011
Billing & Accounts - Mr. Praveen Patel	9824728315
Visits (Home / Hospital for Sample Collection) & General Information - Mrs. Sandi Sheth	9824408721
Sample Transport / Pick-up & Report Dispatch - Mr. Suchit Chauhan	7690009903

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 Binyangdar - 9879624264

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## LABORATORY REPORT



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Ref.By : AASHKA HOSPITAL	Dis. At :	PL ID : 3217114
Bill. Loc. : Aashka hospital		PL Loc :
Reg Date and Time : 23-Dec-2023 08:56	Sample Type : Whole Blood EDTA	Mobile No : 7778923205
Sample Date and Time : 23-Dec-2023 08:56	Sample Coll. By :	Ref Id1 : OSP29058
Report Date and Time : 23-Dec-2023 10:58	Acc. Remarks : Normal	Ref Id2 : O23248552

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR <i>Westergren Method</i>	18	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



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Ref.By : AASHKA HOSPITAL Dis. At : , Pt. ID : 3217114  
Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 23-Dec-2023 08:56	Sample Type : Whole Blood EDTA	Mobile No : 7778923205
Sample Date and Time : 23-Dec-2023 08:56	Sample Coll. By :	Ref Id1 : OSP29058
Report Date and Time : 23-Dec-2023 09:17	Acc. Remarks : Normal	Ref Id2 : O23248552

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	A
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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Marketing - Laboratories - Mr. Sunil Panchal	9824002011
Billing & Accounts - Mr. Pravin Patel	9824728315
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## LABORATORY REPORT



Name : SONALBEN R PANDYA      Sex/Age : Female/ 33 Years      Case ID : 31202200512  
 Ref.By : AASHKA HOSPITAL      Dis. At :      Pt. ID : 3217114  
 Bill. Loc. : Aashka hospital      Pt. Loc :

Reg Date and Time : 23-Dec-2023 08:56      Sample Type : Spot Urine      Mobile No : 7778923205  
 Sample Date and Time : 23-Dec-2023 08:56      Sample Coll. By :      Ref Id1 : OSP29058  
 Report Date and Time : 23-Dec-2023 09:40      Acc. Remarks : Normal      Ref Id2 : O23248552

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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### URINE EXAMINATION (STRIP METHOD AND FLOWCYTOMETRY)

Physical examination

Colour : Pale yellow  
 Transparency : Clear

Chemical Examination By Sysmex UC-3500

Sp.Gravity	1.020		1.005 - 1.030
pH	6.00		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)

Dr. Shreya Shah  
 M.D. (Pathologist)

Printed On : 23-Dec-2023 13:29



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Marketing - Laboratories - Mr. Sunil Pandya	9824002011
Billing & Accounts - Mr. Frank Patel	9824728310
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Sample Transport / Pick-up & Report Dispatch - Mr. Suchit Chauhan	7698009903

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## LABORATORY REPORT



Name : SONALBEN R PANDYA Sex/Age : Female/ 33 Years Case ID : 31202200512  
 Ref.By : AASHKA HOSPITAL Dis. At : Pt. ID : 3217114  
 Bill. Loc. : Aashka hospital Pt. Loc. :  
 Reg Date and Time : 23-Dec-2023 08:56 Sample Type : Spot Urine Mobile No : 7778923205  
 Sample Date and Time : 23-Dec-2023 08:56 Sample Coll. By : Ref Id1 : OSP29058  
 Report Date and Time : 23-Dec-2023 09:40 Acc. Remarks : Normal Ref Id2 : O23248552

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)	/pf	<2	-	-	-	-	-

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M.D. (Pathologist)

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## LABORATORY REPORT



Name : SONALBEN R PANDYA      Sex/Age : Female/ 33 Years      Case ID : 31202200512  
 Ref.By : AASHKA HOSPITAL      Dis. At :      Pt. ID : 3217114  
 Bill. Loc. : Aashka hospital      Pt. Loc. :

Reg Date and Time : 23-Dec-2023 08:56      Sample Type : Plasma Fluoride F, Plasma Fluoride PP, Serum      Mobile No : 7778923205  
 Sample Date and Time : 23-Dec-2023 08:56      Sample Coll. By :      Ref Id1 : OSP29058  
 Report Date and Time : 23-Dec-2023 12:25      Acc. Remarks : Normal      Ref Id2 : O23248552

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Plasma Glucose - F <small>Photometric, Hexokinase</small>	H 104.05	mg/dL	70 - 100	
Plasma Glucose - PP <small>Photometric, Hexokinase</small>	89.10	mg/dL	70.0 - 140.0	
BUN (Blood Urea Nitrogen) <small>GLOH</small>	16.5	mg/dL	7.00 - 18.70	
Creatinine	0.85	mg/dL	0.50 - 1.50	
Uric Acid <small>Uricase</small>	3.54	mg/dL	2.6 - 6.2	

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

Dr. Shreya Shah  
M.D. (Pathologist)

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## LABORATORY REPORT



Name : SONALBEN R PANDYA	Sex/Age : Female/ 33 Years	Case ID : 31202200512
Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 3217114
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 23-Dec-2023 08:56	Sample Type : Serum	Mobile No : 7778923205
Sample Date and Time : 23-Dec-2023 08:56	Sample Coll. By :	Ref Id1 : OSP29058
Report Date and Time : 23-Dec-2023 12:25	Acc. Remarks : Normal	Ref Id2 : O23248552

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

#### Lipid Profile

<b>Cholesterol</b> Colorimetric, CHOD-POD	H 209.81	mg/dL	110 - 200
<b>HDL Cholesterol</b>	61.2	mg/dL	48 - 77
<b>Triglyceride</b> Glycerol Phosphate Oxidase	84.98	mg/dL	<150
<b>VLDL</b> Calculated	17.00	mg/dL	10 - 40
<b>Chol/HDL</b> Calculated	3.43		0 - 4.1
<b>LDL Cholesterol</b> Calculated	H 131.61	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 Triglycende 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)

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Report Date and Time : 23-Dec-2023 12:25	Acc. Remarks : Normal	Ref Id2 : O23248552

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

#### Liver Function Test

S.G.P.T. <i>UV with PSP</i>	17.77	U/L	14 - 59	
S.G.O.T. <i>UV with PSP</i>	19.03	U/L	15 - 37	
Alkaline Phosphatase <i>Enzymatic, PNPP-AMP</i>	54.45	U/L	46 - 116	
Gamma Glutamyl Transferase <i>L-Gamma-glutamyl-3-carboxy-4-nitroamide Substrate</i>	19.26	U/L	0 - 38	
Proteins (Total) <i>Colorimetric, Biuret</i>	7.72	gm/dL	6.40 - 8.30	
Albumin <i>Bromocresol purple</i>	4.84	gm/dL	3.4 - 5	
Globulin <i>Calculated</i>	2.88	gm/dL	2 - 4.1	
A/G Ratio <i>Calculated</i>	1.7		1.0 - 2.1	
Bilirubin Total <i>Photometry</i>	0.52	mg/dL	0.3 - 1.2	
Bilirubin Conjugated <i>Diazotization reaction</i>	0.32	mg/dL	0 - 0.50	
Bilirubin Unconjugated <i>Calculated</i>	0.20	mg/dL	0 - 0.8	

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 Phone : 079-61618111, 6357244307 Email : [contact@ncgmglobal.com](mailto:contact@ncgmglobal.com) Website : [www.ncgmglobal.com](http://www.ncgmglobal.com)



## LABORATORY REPORT



Name : SONALBEN R PANDYA	Sex/Age : Female/ 33 Years	Case ID : 31202200512
Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 3217114
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 23-Dec-2023 08:56	Sample Type : Whole Blood EDTA	Mobile No : 7778923205
Sample Date and Time : 23-Dec-2023 08:56	Sample Coll. By :	Ref Id1 : OSP29058
Report Date and Time : 23-Dec-2023 09:45	Acc. Remarks : Normal	Ref Id2 : O23248552

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>Glycated Haemoglobin Estimation</b>				
HbA1C	5.41	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) Calculated	108.57	mg/dL	Not available	

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

**Interpretation :**

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

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

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

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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 impacted 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.
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Marketing, Clinical Trials & Corporate Affairs - Dr. Arun Shukla	7698009812
Marketing - Laboratories - Mr. Sunil Panchal	9824007011
Billing & Accounts - Mr. Pravin Patel	9824728315
Kits (Home / Hospital) for Sample Collection & General Information - Mrs. Simi Shah	9824408721
Sample Transport / Pickup & Report Dispatch - Mr. Suchit Chauhan	7698009903

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## LABORATORY REPORT



Name : SONALBEN R PANDYA	Sex/Age : Female/ 33 Years	Case ID : 31202200512
Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 3217114
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 23-Dec-2023 08:56	Sample Type : Serum	Mobile No : 7778923205
Sample Date and Time : 23-Dec-2023 08:56	Sample Coll. By :	Ref Id1 : OSP29058
Report Date and Time : 23-Dec-2023 10:31	Acc. Remarks : Normal	Ref Id2 : O23248552

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>Thyroid Function Test</b>				
Triiodothyronine (T3)	123.84	ng/dL	70 - 204	
Thyroxine (T4) CMA	8.42	ng/dL	4.87 - 11.72	
TSH CMA	1.68	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)

Dr. Shreya Shah

M.D. (Pathologist)

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Marketing - Laboratories - Mr. Sunil Panchal	9824002011
Billing & Accounts - Mr. Pravin Patel	9824728315
Walks (Home / Hospital for Sample Collection) & Demand Information - Mrs. Sonal Shah	9824408221
Sample Transport / Pick-up & Report Dispatch - Mr. Suchit Chauhan	7698009903

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Name : SONALBEN R PANDYA	Sex/Age : Female/ 33 Years	Case ID : 31202200512
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Sample Date and Time : 23-Dec-2023 08:56	Sample Coll. By :	Ref Id1 : OSP29058
Report Date and Time : 23-Dec-2023 10:31	Acc. Remarks : Normal	Ref Id2 : O23248552

**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/↑	↓

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)

Dr. Shreya Shah  
M.D. (Pathologist)

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Name:

Sozal.

Age:

33 yrs

Complaints:

None

No of deliveries:

Last Delivery:

F1-D19/14 yrs

History of abortion:

H/O medical conditions associated:

Last abortions:

DM  
HTN  
Thyroid

—
—
—

MH:

Sozal

Reg:

LMP:

4/12/23

P/A:

P/S:

P/V:

8/11/23  
Ox veild  
lossy + nr

Sample:-

Vagina  
Cervix

—
—

Doctors Sign:-

Palgodes

SONAL BEN

23.12.2023 9:51:10 AM  
AASHKA HOSP. LTD.  
SARGASAN  
GANDHINAGAR

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

Room:

83 bpm  
-/- mmHg

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 76 ms  
QT / QTcBaz : 352 / 413 ms  
PR : 136 ms  
P : 102 ms  
RR / PP : 720 / 722 ms  
P / QRS / T : 72 / 76 / 38 degrees

Normal sinus rhythm  
Normal ECG

