

Subject Health Check up Booking Confirmed Request(bobE53089),Package Code-PKG1.0000240, Beneficiary Code-58787
To: [null <rakesh_be_it@yahoo.co.in>]
From: Mediwheel <wellness@mediwheel.in>
Cc: [null <customercare@mediwheel.in>]
Date: Sat, Dec 16, 2023 at 3:54 PM



011-41195959

Email:wellness@mediwheel.in

Dear **MR. PRAJAPATI RAKESHKUMAR MAHENDRAKUMAR**,
Please find the confirmation for following request.

Booking Date : 14-12-2023
Package Name : Medi-Wheel Metro Full Body Health Checkup Male Below 40
Name of Diagnostic/Hospital : Aashka Multispeciality Hospital
Address of Diagnostic/Hospital : Between Sargasan & Reliance Cross Road
Contact Details : 9879752777/7577500900
City : Gandhi Nagar
State : Gujarat
Pincode : 382315
Appointment Date : 23-12-2023
Confirmation Status : Confirmed
Preferred Time : 8:00am-9:30am
Comment : APPOINTMENT TIME 8:30AM

Instructions to undergo Health Check:

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
3. Bring urine sample in a container if possible (containers are available at the Health Check centre).
4. Please bring all your medical prescriptions and previous health medical records with you.
5. Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

For Women:

1. Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
 2. It is advisable not to undergo any Health Check during menstrual cycle.
- Request you to reach half an hour before the scheduled time.
In case of further assistance, Please reach out to Team Mediwheel.

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

UHID:		Date: 23/12/25	Time: 5:25 PM
Patient Name: Rakoshbhai Rajapati		Height:	
Age/Sex: 37yrs M	LMP:	Weight:	
History:		History:	
C/C/O:			
Allergy History:		Addiction:	
Nutritional Screening: Well-Nourished / Malnourished / Obese			
Vitals & Examination: Temperature: Normal Pulse: 66/min BP: 132/72 on rest SPO2: 98% on RA			
Provisional Diagnosis:			

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

UHID:	Date: 23/12/23	Time:
Patient Name: RAHABJI KUMAR PRAJAPATI	Age / Sex: 37 / m	Height:
	Weight:	
History: C/O Rash chuan		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination: D. V. 2 6/9 6/9 P. V. + 0.00 Calm vision stable		
Diagnosis:		

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
HOSPITAL



PATIENT NAME: RAKESHKUMAR M PRAJAPATI

GENDER/AGE: Male / 37 Years

DATE: 23/12/23

DOCTOR:

OPDNO: OSP32841

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: RAKESHKUMAR M PRAJAPATI

GENDER/AGE: Male / 37 Years

DATE: 23/12/23

DOCTOR:

OPDNO: OSP32841

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 4.3 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 120 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 13 cc.

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


DR. SNEHA PRAJAPATI
CONSULTANT RADIOLOGIST



LABORATORY REPORT



Name : RAKESHKUMAR PRAJAPATI	Sex/Age : Male / 37 Years	Case ID : 31202200516
Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 3217163
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 23-Dec-2023 09:06	Sample Type :	Mobile No : 9428964046
Sample Date and Time : 23-Dec-2023 09:07	Sample Coll. By :	Ref Id1 : OSP32841
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 : O23248555

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Blood Urea Nitrogen (BUN)			
BUN (Blood Urea Nitrogen)	8.5	mg/dL	8.90 - 20.60
Lipid Profile			
Cholesterol	234.23	mg/dL	110 - 200
Chol/HDL	4.84		0 - 4.1
LDL Cholesterol	159.06	mg/dL	0.00 - 100.00
Plasma Glucose - F	104.66	mg/dL	70 - 100

Abnormal Result(s) Summary End

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

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LABORATORY REPORT



Name : RAKESHKUMAR PRAJAPATI	Sex/Age : Male / 37 Years	Case ID : 31202200516
Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 3217163
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 23-Dec-2023 09:06	Sample Type : Whole Blood EDTA	Mobile No : 9428964046
Sample Date and Time : 23-Dec-2023 09:07	Sample Coll. By :	Ref Id1 : OSP32841
Report Date and Time : 23-Dec-2023 09:24	Acc. Remarks : Normal	Ref Id2 : O23248555

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)	5.28	millions/cumm	4.50 - 5.50
PCV(Calc)	47.52	%	40.00 - 50.00
MCV (RBC histogram)	90.0	fL	83.00 - 101.00
MCH (Calc)	28.3	pg	27.00 - 32.00
MCHC (Calc)	31.5	gm/dL	31.50 - 34.50
RDW (RBC histogram)	14.30	%	11.00 - 16.00

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

		UNIT	EXPECTED VALUES	[Abs]	EXPECTED VALUES
Total WBC Count	5060	/μL	4000.00 - 10000.00		
Neutrophil	56.0	%	40.00 - 70.00	2834	/μL 2000.00 - 7000.00
Lymphocyte	38.0	%	20.00 - 40.00	1923	/μL 1000.00 - 3000.00
Eosinophil	1.0	%	1.00 - 6.00	51	/μL 20.00 - 500.00
Monocytes	5.0	%	2.00 - 10.00	253	/μL 200.00 - 1000.00
Basophil	0.0	%	0.00 - 2.00	0	/μL 0.00 - 100.00

PLATELET COUNT (Optical)

Platelet Count	177000	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	1.47		0.78 - 3.53

SMEAR STUDY

RBC Morphology	Normocytic Normochromic RBCs.
WBC Morphology	Total WBC count within normal limits.
Platelet	Platelets are adequate in number.
Parasite	Malarial Parasite not seen on smear.

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

Dr. Shreya Shah

M.D. (Pathologist)

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LABORATORY REPORT



Name : RAKESHKUMAR PRAJAPATI Sex/Age : Male / 37 Years Case ID : 31202200516
Ref.By : AASHKA HOSPITAL Dis. At : Pt. ID : 3217163
Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 23-Dec-2023 09:06 Sample Type : Whole Blood EDTA Mobile No : 9428964046
Sample Date and Time : 23-Dec-2023 09:07 Sample Coll. By : Ref Id1 : OSP32841
Report Date and Time : 23-Dec-2023 10:59 Acc. Remarks : Normal Ref Id2 : O23248555

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR Westergren Method	08	mm after 1hr	3 - 15	

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

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LABORATORY REPORT



Name : RAKESHKUMAR PRAJAPATI	Sex/Age : Male / 37 Years	Case ID : 31202200516
Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 3217163
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 23-Dec-2023 09:06	Sample Type : Whole Blood EDTA	Mobile No : 9428964046
Sample Date and Time : 23-Dec-2023 09:07	Sample Coll. By :	Ref Id1 : OSP32841
Report Date and Time : 23-Dec-2023 09:24	Acc. Remarks : Normal	Ref Id2 : O23248555

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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LABORATORY REPORT



Name : RAKESHKUMAR PRAJAPATI	Sex/Age : Male / 37 Years	Case ID : 31202200516
Ref.By : AASHKA HOSPITAL	Dis. At :	Pl. ID : 3217163
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 23-Dec-2023 09:06	Sample Type : Spot Urine	Mobile No : 9428964046
Sample Date and Time : 23-Dec-2023 09:07	Sample Coll. By :	Ref Id1 : OSP32841
Report Date and Time : 23-Dec-2023 09:39	Acc. Remarks : Normal	Ref Id2 : O23248555

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	1.015		1.005 - 1.030
pH	5.50		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)

Dr. Shreya Shah
M.D. (Pathologist)

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LABORATORY REPORT



Name : **RAKESHKUMAR PRAJAPATI** Sex/Age : **Male / 37 Years** Case ID : **31202200516**
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **3217163**
 Bill. Loc. : **Aashka hospital** Pt. Loc :
 Reg Date and Time : **23-Dec-2023 09:06** Sample Type : **Spot Urine** Mobile No : **9428964046**
 Sample Date and Time : **23-Dec-2023 09:07** Sample Coll. By : Ref Id1 : **OSP32841**
 Report Date and Time : **23-Dec-2023 09:39** Acc. Remarks : **Normal** Ref Id2 : **O23248555**

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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LABORATORY REPORT

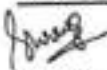


Name : RAKESHKUMAR PRAJAPATI Sex/Age : Male / 37 Years Case ID : 31202200516
 Ref.By : AASHKA HOSPITAL Dis. At : Pt. ID : 3217163
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 23-Dec-2023 09:06 Sample Type : Plasma Fluoride F, Plasma Fluoride PP, Serum Mobile No : 9428984046
 Sample Date and Time : 23-Dec-2023 09:07 Sample Coll. By : Ref Id1 : OSP32841
 Report Date and Time : 23-Dec-2023 11:47 Acc. Remarks : Normal Ref Id2 : O23248555

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Plasma Glucose - F <small>Photometric, Hexokinase</small>	H 104.66	mg/dL	70 - 100	
Plasma Glucose - PP <small>Photometric, Hexokinase</small>	108.36	mg/dL	70.0 - 140.0	
BUN (Blood Urea Nitrogen) <small>GLDH</small>	L 8.5	mg/dL	8.90 - 20.80	
Creatinine	1.10	mg/dL	0.50 - 1.50	
Uric Acid <small>Uricase</small>	5.48	mg/dL	3.5 - 7.2	

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


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 M.D. (Pathologist)

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LABORATORY REPORT



Name : RAKESHKUMAR PRAJAPATI Sex/Age : Male / 37 Years Case ID : 31202200516
 Ref.By : AASHKA HOSPITAL Dis. At : Pt. ID : 3217163
 Bill. Loc. : Aashka hospital Pt. Loc :
 Reg Date and Time : 23-Dec-2023 09:06 Sample Type : Serum Mobile No : 9428964046
 Sample Date and Time : 23-Dec-2023 09:07 Sample Coll. By : Ref Id1 : OSP32841
 Report Date and Time : 23-Dec-2023 11:47 Acc. Remarks : Normal Ref Id2 : O23248555

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol <i>Colorimetric, CHOD-POD</i>	H 234.23	mg/dL	110 - 200	
HDL Cholesterol	48.4	mg/dL	48 - 77	
Triglyceride <i>Glycerol Phosphate Oxidase</i>	133.84	mg/dL	<150	
VLDL <i>Calculated</i>	26.77	mg/dL	10 - 40	
Chol/HDL <i>Calculated</i>	H 4.84		0 - 4.1	
LDL Cholesterol <i>Calculated</i>	H 159.06	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)

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LABORATORY REPORT



Name : RAKESHKUMAR PRAJAPATI Sex/Age : Male / 37 Years Case ID : 31202200516
 Ref.By : AASHKA HOSPITAL Dis. At : Pt. ID : 3217163
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 23-Dec-2023 09:06 Sample Type : Serum Mobile No : 9428964046
 Sample Date and Time : 23-Dec-2023 09:07 Sample Coll. By : Ref Id1 : OSP32841
 Report Date and Time : 23-Dec-2023 11:50 Acc. Remarks : Normal Ref Id2 : O23248555

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>	22.65	U/L	16 - 63	
S.G.O.T. <i>UV with PSP</i>	21.99	U/L	15 - 37	
Alkaline Phosphatase <i>Enzymatic, PNPP-AMP</i>	90.93	U/L	46 - 116	
Gamma Glutamyl Transferase <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate</i>	24.96	U/L	0 - 55	
Proteins (Total) <i>Colorimetric, Buret</i>	7.85	gm/dL	6.40 - 8.30	
Albumin <i>Bromocresol purple</i>	4.94	gm/dL	3.4 - 5	
Globulin <i>Calculated</i>	2.91	gm/dL	2 - 4.1	
A/G Ratio <i>Calculated</i>	1.7		1.0 - 2.1	
Bilirubin Total <i>Photometry</i>	0.49	mg/dL	0.3 - 1.2	
Bilirubin Conjugated <i>Diazotization reaction</i>	0.25	mg/dL	0 - 0.50	
Bilirubin Unconjugated <i>Calculated</i>	0.24	mg/dL	0 - 0.8	

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Name : RAKESHKUMAR PRAJAPATI	Sex/Age : Male / 37 Years	Case ID : 31202200516
Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 3217163
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 23-Dec-2023 09:06	Sample Type : Whole Blood EDTA	Mobile No : 9428964046
Sample Date and Time : 23-Dec-2023 09:07	Sample Coll. By :	Ref Id1 : OSP32841
Report Date and Time : 23-Dec-2023 10:03	Acc. Remarks : Normal	Ref Id2 : O23248555

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) Calculated	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 Homozygous forms of rare variant Hb(CC,SS,EE,SC) HbA1c can not be quantitated as there is no HbA.
In such circumstances glycemic control can be monitored using plasma glucose levels or serum Fructosamine.
The A1c target should be individualized based on numerous factors, such as age, life expectancy, comorbid conditions, duration of diabetes, risk of hypoglycemia or adverse consequences from hypoglycemia, patient motivation and adherence.

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

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M.D. (Pathologist)

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Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 3217163
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 23-Dec-2023 09:06	Sample Type : Serum	Mobile No : 9428954046
Sample Date and Time : 23-Dec-2023 09:07	Sample Coll. By :	Ref Id1 : OSP32841
Report Date and Time : 23-Dec-2023 10:32	Acc. Remarks : Normal	Ref Id2 : O23248555

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Thyroid Function Test				
Triiodothyronine (T3)	95.74	ng/dL	70 - 204	
Thyroxine (T4) CMA	10.20	ng/dL	4.87 - 11.72	
TSH CMA	1.36	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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Neuberg Diagnostics Private Limited

Laboratory : "KEDAR" Opposite Krupa Petrol Pump, Near Portimol 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



LABORATORY REPORT



Name : RAKESHKUMAR PRAJAPATI Sex/Age : Male / 37 Years Case ID : 31202200516
 Ref.By : AASHKA HOSPITAL Dis. At : Pt. ID : 3217163
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 23-Dec-2023 09:06 Sample Type : Serum Mobile No : 9428964046
 Sample Date and Time : 23-Dec-2023 09:07 Sample Coll. By : Ref Id1 : OSP32841
 Report Date and Time : 23-Dec-2023 10:32 Acc. Remarks : Normal Ref Id2 : O23248555

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	0.6-2.5

	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)

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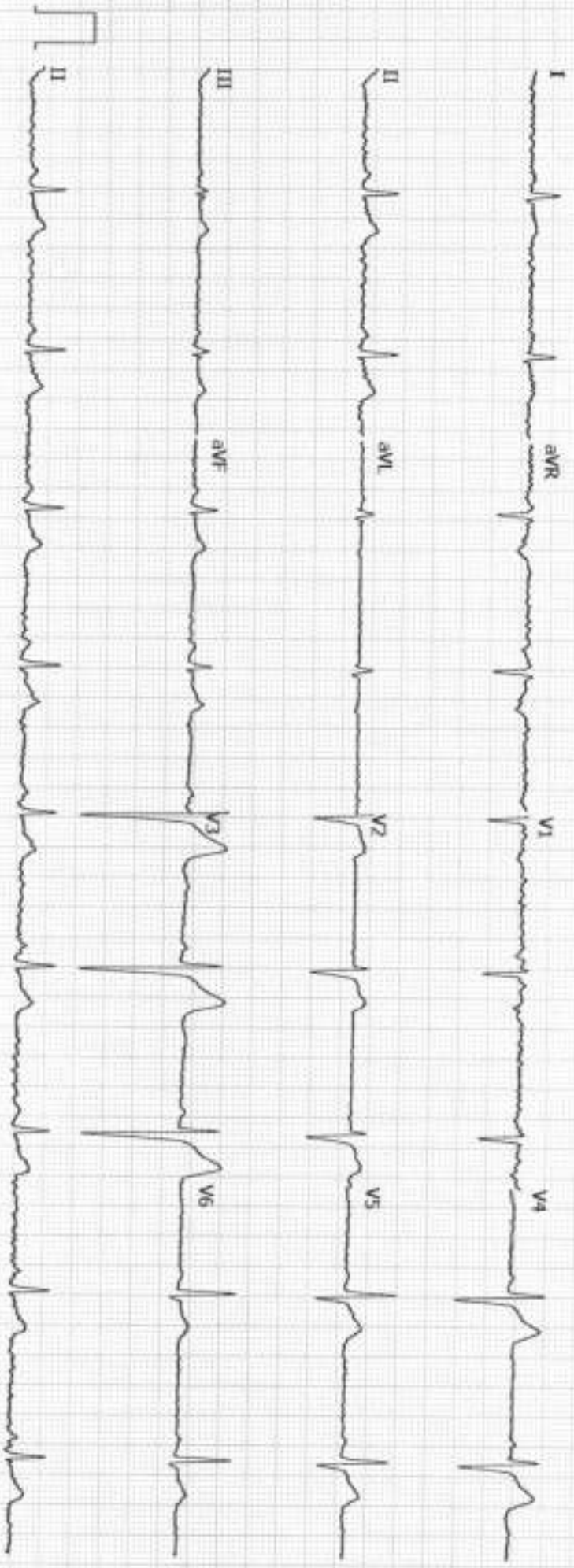


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Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 96 ms
QT / QTc Baz : 376 / 362 ms
PR : 122 ms
P : 68 ms
RR / PP : 1062 / 1071 ms
P / QRS / T : 60 / 50 / 68 degrees

Sinus bradycardia
Otherwise normal ECG



MAC2000 1.1 125L™ V241

25 mm/s 10 mm/mV

ADS 0.56-20 μ A 50 Hz

Unconfirmed
4x2.5x3 25_R1 1/1



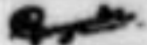
બંક ઓફ બરોડા
Bank of Baroda

શ્રી **Rakesh M. Prajapati**
Name

શ્રી અર. 102736
Employee Code No.


શ્રી અર. 102736
Reserve Bank of India




શ્રી અર. 102736
Signature of Member