

प्रति,

समन्वयक,
MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.)

महोदय/ महोदया,

विषय: बैंक ऑफ़ बड़ौदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी की पत्नी/पति जिनके विवरण निम्नानुसार हैं हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

स्वास्थ्य जांच लाभार्थी के विवरण	
नाम	SURUCHI BHANDARI
जन्म की तारीख	13-03-1988
कर्मचारी की पत्नी/पति के स्वास्थ्य जांच की प्रस्तावित तारीख	08-03-2025
बुकिंग संदर्भ सं.	24M109368100147244S
पत्नी/पति के विवरण	
कर्मचारी का नाम	MR. BHANDARI SOURABH
कर्मचारी की क.कू.संख्या	109368
कर्मचारी का पद	FOREX BACK OFFICE
कर्मचारी के कार्य का स्थान	GANDHINAGAR, GIFT CITY, NATIONAL
कर्मचारी के जन्म की तारीख	19-02-1988

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ौदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक 12-02-2025 से 31-03-2025 तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के पत्नी/पति की स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनवॉइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

हस्ता/-

(मुख्य महाप्रबंधक)

मा.सं.प्र. एवं विपणन

बैंक ऑफ़ बड़ौदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.)से संपर्क करें।)



Siddhesh

Age - 37

Date 08/03/25

CLD Commt High chst.

LN 6/6
6/6

N 16 2 Commt

Good vision.

M
N.V. given

MA 1/21

2

Prescription Prescription Prescription

2. u.
nu.

02			05		
S	C	A	S	C	A
	Mem			PL	
TS	-	-	TS		



DR. KHUSHBOO PATEL
MS (OBS & GYN)
REG. NO. G-31287

UHID:		Date: 8/8/25	Time:
Patient Name: Suruchi		Age: 37	Mobile No:
Complaint and duration: Head to count.			
History:			
Menstrual history: RUI			
Cycles	Flow	Duration of Bleeding	Presence of pain
LMP: 5/12/25			UPT: -
H/O Associated illnesses:			
HTN:		DM:	
Thyroid disorder: /		Others:	
Family History: /			
Medication history:			
Obstetric History: P2G2 - 2 FICSLAW			
No of deliveries:		Last child:	
Allergy History:			
Nutritional Screening: Well-Nourished / Malnourished / Obese			
General Examination:			
CVS: /	BP:	Oedema of ft	
RS: /	Wt:	Tongue	
Breast examination:			

Prescription Prescription Prescription

P/

A

L/E

P/S- cervix

P/V

P/S
P/V | many

Provisional Diagnosis:

Investigation:

USG W/O & pelvis.

Plan of care:

Rx

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

Follow-up:

Consultant's Sign:

[Handwritten Signature]



DR. FENIL KALARIYA
M.B.B.S, E.MD/MRCEM
CT/IDCCM
EMERGENCY PHYSICIAN &
CONSULTANT INTENSIVIST
REG.NO-G71225, 22/K-1562

UHID: _____		Date: <u>08/3/25</u>	Time: <u>4:45 PM</u>
Patient Name: <u>Suruchi</u>		Height: _____	Weight: _____
Age/Sex: <u>37y Female</u>		LMP: _____	
History:			
C/C/O: _____		History: _____	
<p><u>No any fresh complaints</u></p>			
Allergy History: _____		Addiction: _____	
Nutritional Screening: Well-Nourished / Malnourished / Obese			
Vitals & Examination:			
Temperature: <u>Afebrile</u>		<u>CVS / NAD</u>	
Pulse: <u>60 bpm</u>		<u>RS</u>	
BP: <u>102 / 60 mmHg</u>			
SPO2: <u>98% on RA</u>			
Provisional Diagnosis: _____			

Prescription



LABORATORY REPORT



Name : SURUCHI BHANDARI	Sex/Age : Female/ 37 Years	Case ID : 50302200367
Ref.By :	Dis. At :	Pt. ID : 5647857
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 08-Mar-2025 09:26	Sample Type :	Mobile No. :
Sample Date and Time :	Sample Coll. By :	Ref Id1 : OSP36183
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 : O24259728

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Haemogram (CBC)			
Haemoglobin	11.4	G%	12.0 - 15.0
RBC (Electrical Impedance)	3.79	millions/cu mm	3.80 - 4.80
PCV(Calc)	33.20	%	36.00 - 46.00
Lipid Profile			
LDL Cholesterol	124.76	mg/dL	0.00 - 100.00
ESR	30	mm after 1hr	3 - 20
Plasma Glucose - F	100.51	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 : **SURUCHI BHANDARI** Sex/Age : **Female/ 37 Years** Case ID : **50302200367**
 Ref.By : Dis. At : Pt. ID : **5647857**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 08-Mar-2025 09:26	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 08-Mar-2025 09:26	Sample Coll. By :	Ref Id1 : OSP36183
Report Date and Time : 08-Mar-2025 11:14	Acc. Remarks : Normal	Ref Id2 : O24259728

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin	L 11.4	G%	12.0 - 15.0
RBC (Electrical Impedance)	L 3.79	millions/cumm	3.80 - 4.80
PCV(Calc)	L 33.20	%	36.00 - 46.00
MCV (RBC histogram)	87.6	fL	83 - 101
MCH (Calc)	30.0	pg	27.00 - 32.00
MCHC (Calc)	34.2	gm/dL	31.50 - 34.50
RDW (RBC histogram)	13.60	%	11.00 - 16.00

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

		UNIT	EXPECTED VALUES	[Abs]	EXPECTED VALUES
Total WBC Count	6040	/μL	4000.00 - 10000.00		
Neutrophil	56.0	%	40.00 - 70.00	3382	/μL 2000.00 - 7000.00
Lymphocyte	36.0	%	20.00 - 40.00	2174	/μL 1000.00 - 3000.00
Eosinophil	3.0	%	1.00 - 6.00	181	/μL 20.00 - 500.00
Monocytes	5.0	%	2.00 - 10.00	302	/μL 200.00 - 1000.00
Basophil	0.0	%	0.00 - 2.00	0	/μL 0.00 - 100.00

PLATELET COUNT (Optical)

Platelet Count	245000	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	1.56		0.78 - 3.53

SMEAR STUDY

RBC Morphology : Normocytic Normochromic anemia.
 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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 contact@neubergsupratech.com

Regd. Office : Plot No. 7, Industrial Estate, Rajiv Gandhi Salai, Perungudi,
 Chennai - 600096, Tamil Nadu, India. | CIN - U85300TN2017PTC114099
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LABORATORY REPORT



Name : **SURUCHI BHANDARI** Sex/Age : **Female/ 37 Years** Case ID : **50302200367**
Ref.By : Dis. At : Pt. ID : **5647857**
Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 08-Mar-2025 09:26	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 08-Mar-2025 09:26	Sample Coll. By :	Ref Id1 : OSP36183
Report Date and Time : 08-Mar-2025 11:14	Acc. Remarks : Normal	Ref Id2 : O24259728

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR <i>Westergren Method</i>	H 30	mm after 1hr	3 - 20	

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

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LABORATORY REPORT



Name : **SURUCHI BHANDARI** Sex/Age : **Female/ 37 Years** Case ID : **50302200367**
Ref.By : Dis. At : Pt. ID : **5647857**
Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 08-Mar-2025 09:26	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 08-Mar-2025 09:26	Sample Coll. By :	Ref Id1 : OSP36183
Report Date and Time : 08-Mar-2025 09:39	Acc. Remarks : Normal	Ref Id2 : O24259728

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 : **SURUCHI BHANDARI** Sex/Age : **Female/ 37 Years** Case ID : **50302200367**
 Ref.By : Dis. At : Pt. ID : **5647857**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 08-Mar-2025 09:26 Sample Type : Plasma Fluoride F,Plasma Fluoride PP,Serum Mobile No :
 Sample Date and Time : 08-Mar-2025 09:26 Sample Coll. By : Ref Id1 : OSP36183
 Report Date and Time : 08-Mar-2025 11:57 Acc. Remarks : Normal Ref Id2 : O24259728

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Plasma Glucose - F <i>Photometric,Hexokinase</i>	H 100.51	mg/dL	70 - 100	
Plasma Glucose - PP <i>Photometric,Hexokinase</i>	81.74	mg/dL	70.0 - 140.0	
BUN (Blood Urea Nitrogen) <i>GLDH</i>	10.3	mg/dL	7.00 - 18.70	
Uric Acid <i>Uricase-Peroxidase method</i>	3.66	mg/dL	2.3 - 6.1	
Creatinine <i>Enzymatic</i>	0.60	mg/dL	0.55 - 1.02	

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

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LABORATORY REPORT



Name : **SURUCHI BHANDARI** Sex/Age : **Female/ 37 Years** Case ID : **50302200367**
 Ref.By : Dis. At : Pt. ID : **5647857**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 08-Mar-2025 09:26	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 08-Mar-2025 09:26	Sample Coll. By :	Ref Id1 : OSP36183
Report Date and Time : 08-Mar-2025 12:40	Acc. Remarks : Normal	Ref Id2 : O24259728

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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Glycated Haemoglobin Estimation

HbA1C <i>Immunoturbidimetric</i>	4.76	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	89.91	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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LABORATORY REPORT



Name : **SURUCHI BHANDARI** Sex/Age : **Female/ 37 Years** Case ID : **50302200367**
 Ref.By : Dis. At : Pt. ID : **5647857**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 08-Mar-2025 09:26 Sample Type : Serum Mobile No :
 Sample Date and Time : 08-Mar-2025 09:26 Sample Coll. By : Ref Id1 : OSP36183
 Report Date and Time : 08-Mar-2025 11:57 Acc. Remarks : Normal Ref Id2 : O24259728

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol <i>CHOD-POD</i>	197.1	mg/dL	110 - 200	
HDL Cholesterol <i>Accelerator Selective Detergent</i>	48.4	mg/dL	40 - 60	
Triglyceride <i>Glycerol Phosphate Oxidase</i>	119.7	mg/dL	<150	
VLDL <i>Calculated</i>	23.94	mg/dL	10 - 40	
Chol/HDL <i>Calculated</i>	4.07		0 - 4.1	
LDL Cholesterol <i>Calculated</i>	H 124.76	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 interpreation 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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 Ref.By : Dis. At : Pt. ID : **5647857**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 08-Mar-2025 09:26	Sample Type : Serum	Mobile No :
Sample Date and Time : 08-Mar-2025 09:26	Sample Coll. By :	Ref Id1 : OSP36183
Report Date and Time : 08-Mar-2025 11:58	Acc. Remarks : Normal	Ref Id2 : O24259728

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Liver Function Test

S.G.P.T. <i>IIFC method without pyridoxal phosphate activation</i>	14.7	U/L	0.0 - 34.0
S.G.O.T. <i>IIFC method without pyridoxal phosphate activation</i>	20.8	U/L	0.0 - 35.0
Alkaline Phosphatase <i>PNPP-AMP Buffer</i>	66.0	U/L	46.0 - 122.0
Gamma Glutamyl Transferase <i>IFCC</i>	8.7	U/L	0.0 - 38.0
Proteins (Total) <i>Colorimetric, Biuret</i>	8.20	gm/dL	6.40 - 8.30
Albumin <i>Bromo Cresol Green</i>	4.4	g/dL	3.4 - 5.0
Globulin <i>Calculated</i>	3.80	gm/dL	2 - 4.1
A/G Ratio <i>Calculated</i>	1.16		1.0 - 2.1
Bilirubin Total <i>Diazotized Sulfanilic Acid Method</i>	0.82	mg/dL	0.3 - 1.2
Bilirubin Conjugated <i>Diazotized Sulfanilic Acid Method</i>	0.21	mg/dL	0.0 - 0.3
Bilirubin Unconjugated <i>Calculated</i>	0.61	mg/dL	0 - 0.8

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

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Name : **SURUCHI BHANDARI** Sex/Age : **Female/ 37 Years** Case ID : **50302200367**
 Ref.By : Dis. At : Pt. ID : **5647857**
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : 08-Mar-2025 09:26	Sample Type : Serum	Mobile No :
Sample Date and Time : 08-Mar-2025 09:26	Sample Coll. By :	Ref Id1 : OSP36183
Report Date and Time : 08-Mar-2025 11:14	Acc. Remarks : Normal	Ref Id2 : O24259728

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Triiodothyronine (T3)	89.91	ng/dL	70 - 204	
Thyroxine (T4) <i>CMA</i>	5.32	ng/dL	4.87 - 11.72	
TSH <i>CMA</i>	1.22	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 Reference range (microIU/ml)

First trimester 0.24 - 2.00

Second trimester 0.43-2.2

Third trimester 0.8-2.5

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

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M.D. (Pathologist)

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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
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LABORATORY REPORT



Name : **SURUCHI BHANDARI** Sex/Age : **Female/ 37 Years** Case ID : **50302200367**
 Ref.By : Dis. At : Pt. ID : **5647857**
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : 08-Mar-2025 09:26	Sample Type : Serum	Mobile No :
Sample Date and Time : 08-Mar-2025 09:26	Sample Coll. By :	Ref Id1 : OSP36183
Report Date and Time : 08-Mar-2025 11:14	Acc. Remarks : Normal	Ref Id2 : O24259728

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/↑	↓

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

Dr. Shreya Shah

M.D. (Pathologist)

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 Ref.By : Dis. At : Pt. ID : **5647857**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 08-Mar-2025 09:26	Sample Type : Spot Urine	Mobile No :
Sample Date and Time : 08-Mar-2025 09:26	Sample Coll. By :	Ref Id1 : OSP36183
Report Date and Time : 08-Mar-2025 11:12	Acc. Remarks : Normal	Ref Id2 : O24259728

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

URINE EXAMINATION

Physical Examination

Colour : Pale yellow
 Transparency : Clear

Chemical Examination

Sp.Gravity	1.010		1.005 - 1.030
pH	7.5		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

Microscopic Examination

Leucocyte	Nil	/HPF	Nil
Red Blood Cell	Nil	/HPF	Nil
Epithelial Cell	Present +	/HPF	Present(+)
Bacteria	Nil	/µL	Nil
Yeast	Nil	/µL	Nil
Cast	Nil	/HPF	Nil
Crystals	Nil	/HPF	Nil

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

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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	-	-	-	-	-

----- 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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PATIENT NAME: SURUCHI BHANDARI

GENDER/AGE: Female / 37 Years

DATE: 08/03/25

DOCTOR: DR. HASIT JOSHI

OPDNO: OSP36183

2D-ECHO

MITRAL VALVE	: NORMAL	
AORTIC VALVE	: NORMAL	
TRICUSPID VALVE	: NORMAL	
PULMONARY VALVE	: NORMAL	
AORTA	: 32mm	
LEFT ATRIUM	: 30mm	
LV Dd / Ds	: 37/24mm	EF 60%
IVS / LVPW / D	: 9/8mm	
IVS	: INTACT	
IAS	: INTACT	
RA	: NORMAL	
RV	: NORMAL	
PA	: NORMAL	
PERICARDIUM	: NORMAL	
VEL	: PEAK	MEAN
M/S	: Gradient mm Hg	Gradient mm Hg
MITRAL	: 1.3/1m/s	
AORTIC	: 1.2m/s	
PULMONARY	: 1m/s	
COLOUR DOPPLER	: MILD TR	
RVSP	: 26mmHg	
CONCLUSION	: NORMAL LV SIZE / FUNCTION FUNCTION.	

CARDIOLOGIST

DR. HASIT JOSHI (9825012235)



REPORT REPORT REPORT REPORT REPORT



PATIENT NAME: SURUCHI BHANDARI

GENDER/AGE: Female / 37 Years

DATE: 08/03/25

DOCTOR:

OPDNO: OSP36183

X-RAY CHEST PA

Both lung fields appear clear
No evidence of collapse, consolidation, mediastinal lymph adenopathy, soft tissue infiltration or pleural effusion is seen.
Both hilar shadows and c.p.angles are normal.
Heart shadow appears normal in size. Aorta appears normal.
Bony thorax and both domes of diaphragm appear normal.
No evidence of cervical rib is seen on either side.

Impression:

Normal chest x-ray examination.

RADIOLOGIST
DR. MEHUL PATELIYA

REPORT REPORT REPORT REPORT REPORT



PATIENT NAME: SURUCHI BHANDARI

GENDER/AGE: Female / 37 Years

DATE: 08/03/25

DOCTOR:

OPDNO: OSP36183

SONOGRAPHY OF ABDOMEN AND PELVIS

LIVER: Liver appears normal in size and normal parenchymal echoes. No evidence of focal lesion is seen. No evidence of dilated IHBR is seen. Intrahepatic portal radicals appear normal. No evidence of solid or cystic mass lesion is seen.

GALL BLADDER: Gall bladder is physiologically distended and appears normal. No evidence of calculus or changes of cholecystitis are seen. No evidence of pericholecystic fluid collection is seen. CBD appears normal.

PANCREAS: Pancreas appears normal in size and shows normal parenchymal echoes. No evidence of pancreatitis or pancreatic mass lesion is seen.

SPLEEN: Spleen appears normal in size and shows normal parenchymal echoes. No evidence of focal or diffuse lesion is seen.

KIDNEYS: Both kidneys are normal in size, shape and position. Both renal contours are smooth. Cortical and central echoes appear normal. Bilateral cortical thickness appears normal. No evidence of renal calculus, renal hydronephrosis or mass lesion is seen on either side. No evidence of perinephric fluid collection is seen.

Right kidney measures about 10.4 x 4.1 cms in size.

Left kidney measures about 10.2 x 4.0 cms in size.

No evidence of suprarenal mass lesion is seen on either side.

Aorta, IVC and para aortic region appears normal.

No evidence of ascites is seen.

BLADDER: Bladder is normally distended and normal wall thickening with **internal moving echoes**. No evidence of bladder calculus, diverticulum or mass lesion is seen.

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

OVARIES:

Left ovary appears enlarged (17 cc volume) and few peripherally displaced follicles.

Right ovary appear normal in size (6 cc volume) and shape. No e/o any adnexal mass seen. No e/o free fluid seen in cul-de-sac.

A 20x26 mm sized Follicular cyst seen in right ovary.

COMMENT:

- **Internal moving echoes in urinary bladder.**
- **Enlarged left ovary and few peripherally displaced follicles.**
- **Follicular cyst in right ovary.**
- Normal sonographic appearance of liver, GB, pancreas, spleen, kidneys, para aortic region, bladder, uterus.

Adv: clinico-pathological correlation.



RADIOLOGIST
DR. MEHUL PATELIYA

08.03.2025 11:34:02 AM
AASHKA HOSPITAL LTD.
SARGASAN
GANDHINAGAR

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

Room:

71 bpm
-- / -- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 72 ms
QT / QTcBaz : 378 / 410 ms
PR : 136 ms
P : 100 ms
RR / PP : 844 / 845 ms
P / QRS / T : 65 / 49 / 28 degrees

Normal sinus rhythm
Normal ECG

Suruchi
37 yof

