



LETTER OF APPROVAL / RECOMMENDATION

To,

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

Dear Sir / Madam,

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MR. KUMAR VIKASH
EC NO.	117817
DESIGNATION	REGIONAL WEALTH MANAGER
PLACE OF WORK	SABARKANTHA,RO SABARKANTHA
BIRTHDATE	10-02-1990
PROPOSED DATE OF HEALTH CHECKUP	09-11-2024
BOOKING REFERENCE NO.	24D117817100119322E

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **01-11-2024** till **31-03-2025**. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

**Chief General Manager
HRM & Marketing Department
Bank of Baroda**

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.))

Doctor Name:- S/B Dr. Shruya (M.D.)

UHID: _____ Date: 9/11/24 Time: 4:00 PM

Patient Name: Vikas. Age/Sex: 34 years / male
Height: _____
Weight: _____

Chief Complain:
come here for health check up.

History: Not known

Allergy History: None

Nutritional Screening: Well-Nourished / Malnourished / Obese
✓

Examination:
HR = 88/min
SpO₂ = 96% on RA.
BP = 116/78 mm Hg
HbA1c = 6.
Rest All Report = WNL
USK Abdo = Grade I fatty liver.

Diagnosis: Pt is fit.

Prescription

Investigation

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

Advice:

Physician opinion for hepatitis B.

Follow-up:

Consultant's Sign:



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

Prescription

UHID:	Date:	Time:
Patient Name: <input type="checkbox"/> Vikas kumar	Age /Sex: Height: Weight:	
Chief Complain: History:	Regulars Checkup	
Allergy History: <input type="checkbox"/>		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination: Extra oral : Intra oral – Teeth Present : Teeth Absent :	Anterior lower lingual side Calculus deposit on	
Diagnosis:		

Prescription

Prescription

Rx

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

Other Advice:

Follow-up:

Consultant's Sign:





LABORATORY REPORT



Name : VIKAS KUMAR	Sex/Age : Female/ 34 Years	Case ID : 41102200135
Ref.By :	Dis. At :	Pt. ID : 5020847
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 09-Nov-2024 10:37	Sample Type :	Mobile No :
Sample Date and Time : 09-Nov-2024 10:37	Sample Coll. By :	Ref Id1 : OSP35387
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 : O24256567

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Glyco Hemoglobin (HbA1c)			
HbA1C	6.00	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes
Haemogram (CBC)			
Haemoglobin	11.7	G%	12.0 - 15.0
MCH (Calc)	26.8	pg	27.00 - 32.00
Lymphocyte	3289	/ μ L	1000.00 - 3000.00
Lipid Profile			
LDL Cholesterol	106.98	mg/dL	0.00 - 100.00
Plasma Glucose - F	114.71	mg/dL	70.0 - 100
Plasma Glucose - PP	171.84	mg/dL	70.0 - 140.0

Abnormal Result(s) Summary End

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

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LABORATORY REPORT



Name : **VIKAS KUMAR** Sex/Age : **Female/ 34 Years** Case ID : **41102200135**
 Ref.By : Dis. At : Pt. ID : **5020847**
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : 09-Nov-2024 10:37	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 09-Nov-2024 10:37	Sample Coll. By :	Ref Id1 : OSP35387
Report Date and Time : 09-Nov-2024 11:14	Acc. Remarks : Normal	Ref Id2 : O24256567

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin	L 11.7	G%	12.0 - 15.0
RBC (Electrical Impedance)	4.35	millions/cumm	3.80 - 4.80
PCV(Calc)	36.71	%	36.00 - 46.00
MCV (RBC histogram)	84.4	fL	83.00 - 101.00
MCH (Calc)	L 26.8	pg	27.00 - 32.00
MCHC (Calc)	31.8	gm/dL	31.50 - 34.50
RDW (RBC histogram)	13.6	%	11.00 - 16.00

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

		UNIT	EXPECTED VALUES	[Abs]	EXPECTED VALUES
Total WBC Count	8890	/μL	4000.00 - 10000.00		
Neutrophil	[%] 54.0	%	40.00 - 70.00	4801	/μL 2000.00 - 7000.00
Lymphocyte	37.0	%	20.00 - 40.00	H 3289	/μL 1000.00 - 3000.00
Eosinophil	2.0	%	1.00 - 6.00	178	/μL 20.00 - 500.00
Monocytes	7.0	%	2.00 - 10.00	622	/μL 200.00 - 1000.00
Basophil	0.0	%	0.00 - 2.00	0	/μL 0.00 - 100.00

PLATELET COUNT (Optical)

Platelet Count	260000	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	1.46		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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Neuberg Diagnostics Private Limited

Laboratory : "KEDAR" Opposite Krupa Petrol Pump, Near Parimal Garden, Ahmedabad - 380006 ☎ 079-40408181 / 61618181

✉ contact@neubergsupratech.com

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

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LABORATORY REPORT



Name : VIKAS KUMAR	Sex/Age : Female/ 34 Years	Case ID : 41102200135
Ref.By :	Dis. At :	Pt. ID : 5020847
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 09-Nov-2024 10:37	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 09-Nov-2024 10:37	Sample Coll. By :	Ref Id1 : OSP35387
Report Date and Time : 09-Nov-2024 11:19	Acc. Remarks : Normal	Ref Id2 : O24256567

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR <i>Westergren Method</i>	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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Ref.By : Dis. At : Pt. ID : 5020847
Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 09-Nov-2024 10:37	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 09-Nov-2024 10:37	Sample Coll. By :	Ref Id1 : OSP35387
Report Date and Time : 09-Nov-2024 11:13	Acc. Remarks : Normal	Ref Id2 : O24256567

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
HAEMATOLOGY INVESTIGATIONS				
BLOOD GROUP AND RH TYPING (Erythrocyte Magnetized Technology)				
(Both Forward and Reverse Group)				
ABO Type	A			
Rh Type	POSITIVE			

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Name : VIKAS KUMAR Sex/Age : Female/ 34 Years Case ID : 41102200135
Ref.By : Dis. At : Pt. ID : 5020847
Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 09-Nov-2024 10:37 Sample Type : Plasma Fluoride F,Plasma Fluoride PP,Serum Mobile No :
Sample Date and Time : 09-Nov-2024 10:37 Sample Coll. By : Ref Id1 : OSP35387
Report Date and Time : 09-Nov-2024 12:15 Acc. Remarks : Normal Ref Id2 : O24256567

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Plasma Glucose - F <i>Photometric,Hexokinase</i>	H 114.71	mg/dL	70.0 - 100	
Plasma Glucose - PP <i>Photometric,Hexokinase</i>	H 171.84	mg/dL	70.0 - 140.0	
BUN (Blood Urea Nitrogen) <i>GLDH</i>	13.4	mg/dL	7.00 - 18.70	
Uric Acid <i>Uricase</i>	6.13	mg/dL	2.6 - 6.2	
Creatinine	0.71	mg/dL	0.50 - 1.50	

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

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M.D. (Pathologist)

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Name : VIKAS KUMAR	Sex/Age : Female/ 34 Years	Case ID : 41102200135
Ref.By :	Dis. At :	Pt. ID : 5020847
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 09-Nov-2024 10:37	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 09-Nov-2024 10:37	Sample Coll. By :	Ref Id1 : OSP35387
Report Date and Time : 09-Nov-2024 14:19	Acc. Remarks : Normal	Ref Id2 : O24256567


TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Glycated Haemoglobin Estimation				
HbA1C HPLC	H 6.00	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) Calculated	125.50	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. Niyur Nagori
M. D. (Path)
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Dr. Aakash Shah
MD. Path.
Consultant Pathologist

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Name : **VIKAS KUMAR** Sex/Age : **Female/ 34 Years** Case ID : **41102200135**
 Ref.By : Dis. At : Pt. ID : **5020847**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 09-Nov-2024 10:37	Sample Type : Serum	Mobile No :
Sample Date and Time : 09-Nov-2024 10:37	Sample Coll. By :	Ref Id1 : OSP35387
Report Date and Time : 09-Nov-2024 12:14	Acc. Remarks : Normal	Ref Id2 : O24256567

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol <i>CHOD-POD</i>	174.93	mg/dL	110 - 200	
HDL Cholesterol <i>Accelerator Selective Detergent</i>	53.2	mg/dL	40 - 60	
Triglyceride <i>Glycerol Phosphate Oxidase</i>	73.75	mg/dL	<150	
VLDL <i>Calculated</i>	14.75	mg/dL	10 - 40	
Chol/HDL <i>Calculated</i>	3.29		0 - 4.1	
LDL Cholesterol <i>Calculated</i>	H 106.98	mg/dL	0.00 - 100.00	

NEW ATP III GUIDELINES (MAY 2001), MODIFICATION OF NCEP

LDL CHOLESTEROL	CHOLESTEROL	HDL CHOLESTEROL	TRIGLYCERIDES
Optimal <100	Desirable <200	Low <40	Normal <150
Near Optimal 100-129	Border Line 200-239	High >60	Border High 150-199
Borderline 130-159	High >240		High 200-499
High 160-189			

- LDL Cholesterol level is primary goal for treatment and varies with risk category and assesment
- For LDL Cholesterol level Please consider direct LDL value
- Risk assesment from HDL and Triglyceride has been revised. Also LDL goals have changed.
- Detail test interpretation available from the lab
- All tests are done according to NCEP guidelines and with FDA approved kits.
- LDL Cholesterol level is primary goal for treatment and varies with risk category and assesment

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

Dr. Shreya Shah

M.D. (Pathologist)

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 Ref.By : Dis. At : Pt. ID : 5020847
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 09-Nov-2024 10:37	Sample Type : Serum	Mobile No :
Sample Date and Time : 09-Nov-2024 10:37	Sample Coll. By :	Ref Id1 : OSP35387
Report Date and Time : 09-Nov-2024 12:14	Acc. Remarks : Normal	Ref Id2 : O24256567

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Liver Function Test

S.G.P.T. <i>NADH (Without P-5-P)</i>	38.65	U/L	0 - 55	
S.G.O.T. <i>NADH (Without P-5-P)</i>	24.79	U/L	5.0 - 34.0	
Alkaline Phosphatase <i>Para-Nitrophenyl Phosphate</i>	95.37	U/L	40.00 - 150.00	
Gamma Glutamyl Transferase <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate</i>	23.82	U/L	0 - 38	
Proteins (Total) <i>Colorimetric, Biuret</i>	8.00	gm/dL	6.40 - 8.30	
Albumin <i>Colorimetric-Bromo-Cresol Green</i>	5.20	gm/dL	3.5 - 5.2	
Globulin <i>Calculated</i>	2.80	gm/dL	2 - 4.1	
A/G Ratio <i>Calculated</i>	1.86		1.0 - 2.1	
Bilirubin Total <i>Photometry</i>	0.57	mg/dL	0.3 - 1.2	
Bilirubin Conjugated <i>Diazotization reaction</i>	0.19	mg/dL	0 - 0.50	
Bilirubin Unconjugated <i>Calculated</i>	0.38	mg/dL	0 - 0.8	

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

Dr. Shreya Shah

M.D. (Pathologist)

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Name : VIKAS KUMAR	Sex/Age : Female/ 34 Years	Case ID : 41102200135
Ref.By :	Dis. At :	Pt. ID : 5020847
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 09-Nov-2024 10:37	Sample Type : Serum	Mobile No :
Sample Date and Time : 09-Nov-2024 10:37	Sample Coll. By :	Ref Id1 : OSP35387
Report Date and Time : 09-Nov-2024 11:38	Acc. Remarks : Normal	Ref Id2 : O24256567

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Thyroid Function Test				
Triiodothyronine (T3)	87.21	ng/dL	70 - 204	
Thyroxine (T4) <small>CMA</small>	6.42	ng/dL	4.87 - 11.72	
TSH <small>CMA</small>	1.10	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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 CAP
ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS

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LABORATORY REPORT



Name : VIKAS KUMAR Sex/Age : Female/ 34 Years Case ID : 41102200135
 Ref.By : Dis. At : Pt. ID : 5020847
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 09-Nov-2024 10:37 Sample Type : Serum Mobile No :
 Sample Date and Time : 09-Nov-2024 10:37 Sample Coll. By : Ref Id1 : OSP35387
 Report Date and Time : 09-Nov-2024 11:38 Acc. Remarks : Normal Ref Id2 : O24256567

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)

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M.D. (Pathologist)

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Ref.By :	Dis. At :	Pt. ID : 5020847
Bill. Loc. : Aashka hospital		Pt. Loc :

Reg Date and Time : 09-Nov-2024 10:37	Sample Type : Spot Urine	Mobile No :
Sample Date and Time : 09-Nov-2024 10:37	Sample Coll. By :	Ref Id1 : OSP35387
Report Date and Time : 09-Nov-2024 11:19	Acc. Remarks : Normal	Ref Id2 : O24256567

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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URINE EXAMINATION

Physical Examination

Colour	Pale yellow
Transparency	Clear

Chemical Examination

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

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)

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

✉ 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 : VIKAS KUMAR	Sex/Age : Female/ 34 Years	Case ID : 41102200135
Ref.By :	Dis. At :	Pt. ID : 5020847
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 09-Nov-2024 10:37	Sample Type : Spot Urine	Mobile No :
Sample Date and Time : 09-Nov-2024 10:37	Sample Coll. By :	Ref Id1 : OSP35387
Report Date and Time : 09-Nov-2024 11:19	Acc. Remarks : Normal	Ref Id2 : O24256567

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:VIKAS KUMAR
GENDER/AGE:Male / 34 Years
DOCTOR:DR.HASIT JOSHI
OPDNO:OSP35387

DATE:09/11/24

2D-ECHO

MITRAL VALVE : NORMAL
AORTIC VALVE : NORMAL
TRICUSPID VALVE : NORMAL
PULMONARY VALVE : NORMAL
AORTA : 34mm
LEFT ATRIUM : 35mm
LV Dd / Ds : 43/29mm EF 62%
IVS / LVPW / D : 11/10mm
IVS : INTACT
IAS : INTACT
RA : NORMAL
RV : NORMAL
PA : NORMAL
PERICARDIUM : NORMAL
VEL : PEAK MEAN
M/S : Gradient mm Hg Gradient mm Hg
MITRAL : 0.9/0.5m/s
AORTIC : 1.2m/s
PULMONARY : 1.0m/s
COLOUR DOPPLER : NO MR/AR/ TR
RVSP :
CONCLUSION : NORMAL LV SIZE / SYSTOLIC FUNCTION.

 CARDIOLOGIST
DR.HASIT JOSHI (9825012235)

REPORT REPORT REPORT REPORT REPORT

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



PATIENT NAME:VIKAS KUMAR

GENDER/AGE:Male / 34 Years

DATE:09/11/24

DOCTOR:

OPDNO:OSP35387

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 REPORT REPORT

PATIENT NAME:VIKAS KUMAR

GENDER/AGE:Male / 34 Years

DATE:09/11/24

DOCTOR:

OPDNO:OSP35387

SONOGRAPHY OF ABDOMEN AND PELVIS

LIVER: Liver appears normal in size and shows increased parenchymal echoes. No evidence of focal 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 10.0 x 4.0 cms in size.

Left kidney measures about 10.2 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 160 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 14 cc.

COMMENT: Grade I fatty changes in liver.

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


DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST

REPORT

09.11.2024 11:36:31
AASHIKA HOSPITAL LTD
GANDHINAGAR

Location: Room: 71 bpm
Order Number: -- / -- mmHg
Indication:
Medication 1:
Medication 2:
Medication 3:

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 78 ms Normal sinus rhythm
QT / QTcBaz : 346 / 375 ms Normal ECG
PR : 148 ms
P : 102 ms
RR / PP : 840 / 845 ms
P / QRS / T : 33 / 53 / 38 degrees

Vikas Kumar

Age- 34/M

