

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. BHANDARI SOURABH
EC NO.	109368
DESIGNATION	FOREX BACK OFFICE
PLACE OF WORK	GANDHINAGAR,GIFT CITY,NATIONAL
BIRTHDATE	19-02-1988
PROPOSED DATE OF HEALTH CHECKUP	08-03-2025
BOOKING REFERENCE NO.	24M109368100147242E

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 **12-02-2025** 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.

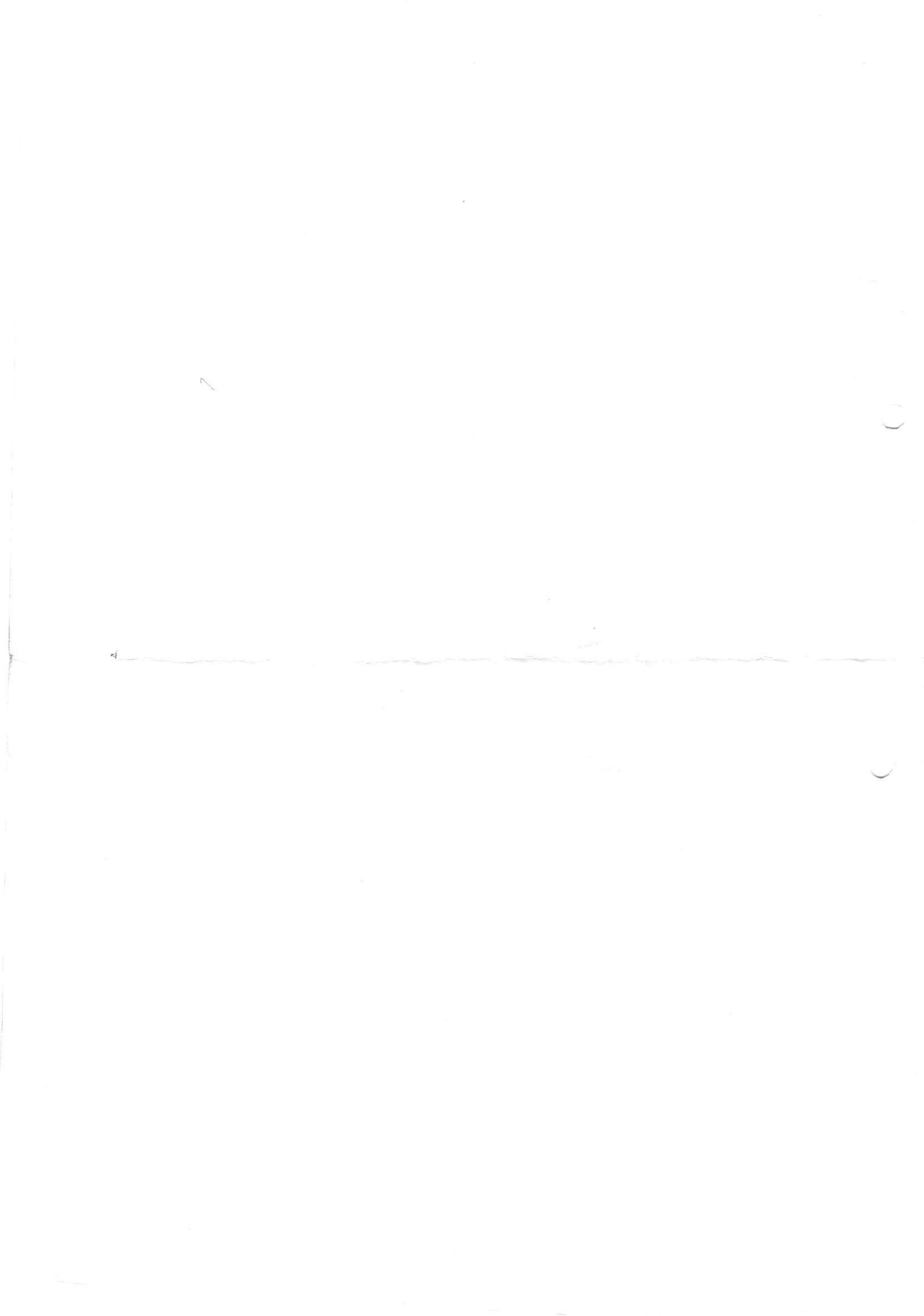
We solicit your co-operation in this regard.

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.))





Soyasha

Age 37

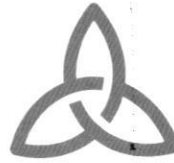
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DR. FENIL KALARIYA
M.B.B.S, E.MD/MRCEM
CT/IDCCM
EMERGENCY PHYSICIAN &
CONSULTANT INTENSIVIST
REG.NO-G71225, 22/K-1562

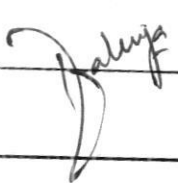
UHID:		Date: 05/03/25	Time: 4:30pm
Patient Name: Laxabha Khanda		Height:	Weight:
Age/Sex: 37y Male	LMP:		
History:			
C/C/O:		History:	
→ No any fresh complaints			
Allergy History:		Addiction:	
Nutritional Screening: Well-Nourished / Malnourished / Obese			
Vitals & Examination:			
Temperature: Afebrile			
Pulse: 69 bpm			
BP: 120/70 mmHg			
SPO2: 98% entr			
Provisional Diagnosis:			

Advice:

- vit B₁₂ 2500 µg

Rx

No	Dosage Form	Name of drug (IN BLOCK LETTERS ONLY)	Dose	Route	Frequency	Duration
		- Diet control				
		= life modification				

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



LABORATORY REPORT



Name : SOURABH BHANDARI	Sex/Age : Male / 37 Years	Case ID : 50302200368
Ref.By :	Dis. At :	Pt. ID : 5647873
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 08-Mar-2025 09:29	Sample Type :	Mobile No :
Sample Date and Time :	Sample Coll. By :	Ref Id1 : OSP36182
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 : O24259727

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Blood Urea Nitrogen (BUN)			
BUN (Blood Urea Nitrogen)	8.6 ✓	mg/dL	8.90 - 20.60
Haemogram (CBC)			
MCHC (Calc)	35.2 ✓	gm/dL	31.50 - 34.50
Lymphocyte	45.0	%	20.00 - 40.00
Eosinophil	9.0	%	1.00 - 6.00
Lymphocyte	3555 ✓	/μL	1000.00 - 3000.00
Eosinophil	711	/μL	20.00 - 500.00
Lipid Profile			
HDL Cholesterol	37.1	mg/dL	40 - 60
Chol/HDL	4.86 ✓		0 - 4.1
LDL Cholesterol	124.15	mg/dL	0.00 - 100.00

Abnormal Result(s) Summary End

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

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 Ref.By : Dis. At : Pt. ID : **5647873**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 08-Mar-2025 09:29	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 08-Mar-2025 09:29	Sample Coll. By :	Ref Id1 : OSP36182
Report Date and Time : 08-Mar-2025 11:12	Acc. Remarks : Normal	Ref Id2 : O24259727

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin	16.4	G%	13.00 - 17.00
RBC (Electrical Impedance)	5.50	millions/cumm	4.50 - 5.50
PCV(Calc)	46.48	%	40.00 - 50.00
MCV (RBC histogram)	84.5	fL	83 - 101
MCH (Calc)	29.8	pg	27.00 - 32.00
MCHC (Calc)	H 35.2	gm/dL	31.50 - 34.50
RDW (RBC histogram)	12.80	%	11.00 - 16.00

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

Total WBC Count	7900	/μL	4000.00 - 10000.00
Neutrophil	[%] 41.0	%	EXPECTED VALUES 40.00 - 70.00 [Abs] 3239 /μL EXPECTED VALUES 2000.00 - 7000.00
Lymphocyte	H 45.0	%	20.00 - 40.00 H 3555 /μL 1000.00 - 3000.00
Eosinophil	H 9.0	%	1.00 - 6.00 H 711 /μL 20.00 - 500.00
Monocytes	5.0	%	2.00 - 10.00 395 /μL 200.00 - 1000.00
Basophil	0.0	%	0.00 - 2.00 0 /μL 0.00 - 100.00

PLATELET COUNT (Optical)

Platelet Count	214000	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	0.91		0.78 - 3.53

SMEAR STUDY

RBC Morphology	Normocytic Normochromic RBCs.
WBC Morphology	Lymphocytosis with Eosionophilia.
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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 Ahmedabad - 380006 ☎ 079-40408181 / 61618181
 contact@neubergsupratech.com

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LABORATORY REPORT



Name : SOURABH BHANDARI Sex/Age : Male / 37 Years Case ID : 50302200368
Ref.By : Dis. At : Pt. ID : 5647873
Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 08-Mar-2025 09:29	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 08-Mar-2025 09:29	Sample Coll. By :	Ref Id1 : OSP36182
Report Date and Time : 08-Mar-2025 11:12	Acc. Remarks : Normal	Ref Id2 : O24259727

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR <i>Westergren Method</i>	06	mm after 1hr	3 - 15	

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Ref.By : Dis. At : Pt. ID : **5647873**
Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 08-Mar-2025 09:29	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 08-Mar-2025 09:29	Sample Coll. By :	Ref Id1 : OSP36182
Report Date and Time : 08-Mar-2025 09:45	Acc. Remarks : Normal	Ref Id2 : O24259727

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	B
Rh Type	POSITIVE

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

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LABORATORY REPORT



Name : **SOURABH BHANDARI** Sex/Age : **Male / 37 Years** Case ID : **50302200368**
 Ref.By : Dis. At : Pt. ID : **5647873**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 08-Mar-2025 09:29 Sample Type : **Plasma Fluoride F, Plasma Fluoride PP, Serum** Mobile No :
 Sample Date and Time : 08-Mar-2025 09:29 Sample Coll. By : Ref Id1 : **OSP36182**
 Report Date and Time : 08-Mar-2025 12:08 Acc. Remarks : **Normal** Ref Id2 : **O24259727**

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Plasma Glucose - F <i>Photometric, Hexokinase</i>	94.51	mg/dL	70 - 100	
Plasma Glucose - PP <i>Photometric, Hexokinase</i>	99.20	mg/dL	70.0 - 140.0	
BUN (Blood Urea Nitrogen) <i>GLDH</i>	L 8.6	mg/dL	8.90 - 20.60	
Uric Acid <i>Uricase-Peroxidase method</i>	6.74	mg/dL	3.6 - 7.2	
Creatinine <i>Enzymatic</i>	0.94	mg/dL	0.70 - 1.30	

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LABORATORY REPORT



Name : **SOURABH BHANDARI** Sex/Age : **Male / 37 Years** Case ID : **50302200368**
 Ref.By : Dis. At : Pt. ID : **5647873**
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : 08-Mar-2025 09:29	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 08-Mar-2025 09:29	Sample Coll. By :	Ref Id1 : OSP36182
Report Date and Time : 08-Mar-2025 12:40	Acc. Remarks : Normal	Ref Id2 : O24259727

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Glycated Haemoglobin Estimation				
HbA1C <i>Immunoturbidimetric</i>	5.55	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	112.58	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.

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Name : **SOURABH BHANDARI** Sex/Age : **Male / 37 Years** Case ID : **50302200368**
 Ref.By : Dis. At : Pt. ID : **5647873**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 08-Mar-2025 09:29	Sample Type : Serum	Mobile No :
Sample Date and Time : 08-Mar-2025 09:29	Sample Coll. By :	Ref Id1 : OSP36182
Report Date and Time : 08-Mar-2025 11:33	Acc. Remarks : Normal	Ref Id2 : O24259727

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol <i>Colorimetric, CHOD-POD</i>	180.4	mg/dL	110 - 200
HDL Cholesterol	L 37.1	mg/dL	40 - 60
Triglyceride <i>GPO-POD</i>	95.77	mg/dL	40 - 200
VLDL <i>Calculated</i>	19.15	mg/dL	10 - 40
Chol/HDL <i>Calculated</i>	H 4.86		0 - 4.1
LDL Cholesterol <i>Calculated</i>	H 124.15	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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 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 08-Mar-2025 09:29	Sample Type : Serum	Mobile No :
Sample Date and Time : 08-Mar-2025 09:29	Sample Coll. By :	Ref Id1 : OSP36182
Report Date and Time : 08-Mar-2025 12:08	Acc. Remarks : Normal	Ref Id2 : O24259727

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>	24.59	U/L	0.0 - 45.0
S.G.O.T. <i>IIFC method without pyridoxal phosphate activation</i>	17.94	U/L	0.0 - 35.0
Alkaline Phosphatase <i>PNPP-AMP Buffer</i>	115.18	U/L	50.0 - 116.0
Gamma Glutamyl Transferase <i>IFCC</i>	23.4	U/L	0.0 - 55.0
Proteins (Total) <i>Biuret</i>	7.98	g/dL	6.4 - 8.2
Albumin <i>Bromo Cresol Green</i>	4.51	g/dL	3.4 - 5.0
Globulin <i>Calculated</i>	3.47	gm/dL	2 - 4.1
A/G Ratio <i>Calculated</i>	1.30		1.0 - 2.1
Bilirubin Total <i>Diazotized Sulfanilic Acid Method</i>	1.00	mg/dL	0.3 - 1.2
Bilirubin Conjugated <i>Diazotized Sulfanilic Acid Method</i>	0.29	mg/dL	0.0 - 0.3
Bilirubin Unconjugated <i>Calculated</i>	0.71	mg/dL	0 - 0.8

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 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : 08-Mar-2025 09:29	Sample Type : Serum	Mobile No :
Sample Date and Time : 08-Mar-2025 09:29	Sample Coll. By :	Ref Id1 : OSP36182
Report Date and Time : 08-Mar-2025 11:12	Acc. Remarks : Normal	Ref Id2 : O24259727

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Triiodothyronine (T3)	118.76	ng/dL	70 - 204	
Thyroxine (T4) CMA	7.04	ng/dL	4.87 - 11.72	
TSH CMA	1.40	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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Ref.By :	Dis. At :	Pt. ID : 5647873
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 08-Mar-2025 09:29	Sample Type : Serum	Mobile No. :
Sample Date and Time : 08-Mar-2025 09:29	Sample Coll. By :	Ref Id1 : OSP36182
Report Date and Time : 08-Mar-2025 11:12	Acc. Remarks : Normal	Ref Id2 : O24259727

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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 Ref.By : Dis. At : Pt. ID : **5647873**
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Reg Date and Time : 08-Mar-2025 09:29	Sample Type : Spot Urine	Mobile No :
Sample Date and Time : 08-Mar-2025 09:29	Sample Coll. By :	Ref Id1 : OSP36182
Report Date and Time : 08-Mar-2025 11:12	Acc. Remarks : Normal	Ref Id2 : O24259727

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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URINE EXAMINATION

Physical Examination

Colour : Yellow
 Transparency : Clear

Chemical Examination

Sp.Gravity	1.020		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 : **SOURABH BHANDARI** Sex/Age : **Male / 37 Years** Case ID : **50302200368**
 Ref.By : Dis. At : Pt. ID : **5647873**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 08-Mar-2025 09:29 Sample Type : **Spot Urine** Mobile No :
 Sample Date and Time : 08-Mar-2025 09:29 Sample Coll. By : Ref Id1 : **OSP36182**
 Report Date and Time : 08-Mar-2025 11:12 Acc. Remarks : **Normal** Ref Id2 : **O24259727**

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: SOURABH BHANDARI

GENDER/AGE: Male / 37 Years

DATE: 08/03/25

DOCTOR: DR. HASIT JOSHI

OPDNO: OSP36182

2D-ECHO

MITRAL VALVE	: MILD MVP	
AORTIC VALVE	: NORMAL	
TRICUSPID VALVE	: NORMAL	
PULMONARY VALVE	: NORMAL	
AORTA	: 38mm	
LEFT ATRIUM	: 34mm	
LV Dd / Ds	: 32/23mm	EF 55%
IVS / LVPW / D	: 11.6/10mm	
IVS	: INTACT	
IAS	: INTACT	
RA	: NORMAL	
RV	: NORMAL	
PA	: NORMAL	
PERICARDIUM	: NORMAL	
VEL	: PEAK	MEAN
M/S	: Gradient mm Hg	Gradient mm Hg
MITRAL	: 1/0.7m/s	
AORTIC	: 1.3m/s	
PULMONARY	: 1m/s	
COLOUR DOPPLER	: NO MR / AR / TR	
RVSP	: 20mmHg	
CONCLUSION	: NORMAL LV SIZE / FUNCTION FUNCTION.	

CARDIOLOGIST

DR. HASIT JOSHI (9825012235)



REPORT REPORT REPORT REPORT REPORT



PATIENT NAME: SOURABH BHANDARI

GENDER/AGE: Male / 37 Years

DATE: 08/03/25

DOCTOR:

OPDNO: OSP36182

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

08.03.2025 11:16:51 AM
AASHKA HOSPITAL LTD.
SARGASAN
GANDHINAGAR

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

Room:

74 bpm
-- / -- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 80 ms
QT / QTcBaz : 378 / 419 ms
PR : 154 ms
P : 92 ms
RR / PP : 812 / 810 ms
P / QRS / T : 29 / 28 / 47 degrees

Normal sinus rhythm
Normal ECG

Sourabh bhai
37 yr 1M

