



## 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. GOKANI JAYKAR KISHORKUMAR
EC NO.	113609
DESIGNATION	FOREX BACK OFFICE
PLACE OF WORK	GANDHINAGAR,GIFT CITY,NATIONAL
BIRTHDATE	30-07-1988
PROPOSED DATE OF HEALTH CHECKUP	08-03-2025
BOOKING REFERENCE NO.	24M113609100155044E

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 **04-03-2025** 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.))





8200479556

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

UHID:		Date: 08/2/25	Time: 5PM
Patient Name: Jaykav Gokavi		Height:	Weight:
Age/Sex: 86Y, Male	LMP:		
History:			
C/C/O: no any fresh complaints		History: -	
Allergy History: -		Addiction: -	
Nutritional Screening: Well-Nourished / Malnourished / Obese			
Vitals & Examination:			
Temperature: Afebrile			
Pulse: 87bpm			
BP: 124/80 mmHg			
SPO2: 98% O2RA			
Provisional Diagnosis: -			

Advice:

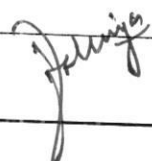
- RA factor
- anti CCP antibodies
- S. Ca<sup>+</sup>

vit B12  
2500ug

- hyperuricemia
- dyslipidemia
- hyperproteinemia

Rx

No	Dosage Form	Name of drug (IN BLOCK LETTERS ONLY)	Dose	Route	Frequency	Duration
(1)						
		- Diet modification				
		↓ low protein diet				
		- follow up with reports.				
		- cos to start Tab levothyroxine				
		- orthopedic surgeon opinion				

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 : JAYKAR K GOKANI	Sex/Age : Male / 37 Years	Case ID : 50302200369
Ref.By :	Dis. At :	Pt. ID : 5647900
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 08-Mar-2025 09:32	Sample Type :	Mobile No :
Sample Date and Time :	Sample Coll. By :	Ref Id1 : OSP36184
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 : O24259729

### Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
<b>Haemogram (CBC)</b>			
MCHC (Calc)	35.5	gm/dL	31.50 - 34.50
Total WBC Count	10290	/ $\mu$ L	4000.00 - 10000.00
<b>Lipid Profile</b>			
Cholesterol	226.1	mg/dL	110 - 200
Chol/HDL	5.02		0 - 4.1
LDL Cholesterol	153.57	mg/dL	0.00 - 100.00
<b>Liver Function Test</b>			
Proteins (Total)	8.90	g/dL	6.4 - 8.2
Albumin	5.06	g/dL	3.4 - 5.0
Plasma Glucose - F	108.49	mg/dL	70 - 100
Uric Acid	7.44	mg/dL	3.6 - 7.2

### Abnormal Result(s) Summary End

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

Printed On : 08-Mar-2025 13:07



## LABORATORY REPORT



Name : JAYKAR K GOKANI      Sex/Age : Male / 37 Years      Case ID : 50302200369  
 Ref.By :      Dis. At :      Pt. ID : 5647900  
 Bill. Loc. : Aashka hospital      Pt. Loc :

Reg Date and Time : 08-Mar-2025 09:32	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 08-Mar-2025 09:32	Sample Coll. By :	Ref Id1 : OSP36184
Report Date and Time : 08-Mar-2025 11:12	Acc. Remarks : Normal	Ref Id2 : O24259729

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
------	---------	------	--------------------------	---------

### HAEMOGRAM REPORT

#### HB AND INDICES

Haemoglobin	15.0	G%	13.00 - 17.00
RBC (Electrical Impedance)	4.98	millions/cumm	4.50 - 5.50
PCV(Calc)	42.28	%	40.00 - 50.00
MCV (RBC histogram)	84.9	fL	83 - 101
MCH (Calc)	30.1	pg	27.00 - 32.00
MCHC (Calc)	H 35.5	gm/dL	31.50 - 34.50
RDW (RBC histogram)	12.50	%	11.00 - 16.00

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

Total WBC Count	H 10290	/μL	4000.00 - 10000.00
Neutrophil	[%] 66.0	%	EXPECTED VALUES 40.00 - 70.00 [Abs] 6791 /μL EXPECTED VALUES 2000.00 - 7000.00
Lymphocyte	26.0	%	20.00 - 40.00 2675 /μL 1000.00 - 3000.00
Eosinophil	1.0	%	1.00 - 6.00 103 /μL 20.00 - 500.00
Monocytes	7.0	%	2.00 - 10.00 720 /μL 200.00 - 1000.00
Basophil	0.0	%	0.00 - 2.00 0 /μL 0.00 - 100.00

#### PLATELET COUNT (Optical)

Platelet Count	286000	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	2.54		0.78 - 3.53

#### SMEAR STUDY

RBC Morphology	Normocytic Normochromic RBCs.
WBC Morphology	Leucocytosis
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)

Page 2 of 12

Printed On : 08-Mar-2025 13:07



### 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 : **JAYKAR K GOKANI** Sex/Age : **Male / 37 Years** Case ID : **50302200369**  
Ref.By : Dis. At : Pt. ID : **5647900**  
Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : 08-Mar-2025 09:32	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 08-Mar-2025 09:32	Sample Coll. By :	Ref Id1 : OSP36184
Report Date and Time : 08-Mar-2025 11:12	Acc. Remarks : Normal	Ref Id2 : O24259729

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR <i>Westergren Method</i>	14	mm after 1hr	3 - 15	

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

**Dr. Shreya Shah**

M.D. (Pathologist)

Page 3 of 12

Printed On : 08-Mar-2025 13:07



### 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 : JAYKAR K GOKANI	Sex/Age : Male / 37 Years	Case ID : 50302200369
Ref.By :	Dis. At :	Pt. ID : 5647900
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 08-Mar-2025 09:32	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 08-Mar-2025 09:32	Sample Coll. By :	Ref Id1 : OSP36184
Report Date and Time : 08-Mar-2025 09:49	Acc. Remarks : Normal	Ref Id2 : O24259729

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

**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)

**Dr. Shreya Shah**

M.D. (Pathologist)

Page 4 of 12

Printed On : 08-Mar-2025 13:07



**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 : **JAYKAR K GOKANI** Sex/Age : **Male / 37 Years** Case ID : **50302200369**  
 Ref.By : Dis. At : Pt. ID : **5647900**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 08-Mar-2025 09:32 Sample Type : **Plasma Fluoride F, Plasma Fluoride PP, Serum** Mobile No :  
 Sample Date and Time : 08-Mar-2025 09:32 Sample Coll. By : Ref Id1 : **OSP36184**  
 Report Date and Time : 08-Mar-2025 12:09 Acc. Remarks : **Normal** Ref Id2 : **O24259729**

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Plasma Glucose - F <i>Photometric, Hexokinase</i>	H <b>108.49</b>	mg/dL	70 - 100	
Plasma Glucose - PP <i>Photometric, Hexokinase</i>	110.57	mg/dL	70.0 - 140.0	
BUN (Blood Urea Nitrogen) <i>GLDH</i>	9.5	mg/dL	8.90 - 20.60	
Uric Acid <i>Uricase-Peroxidase method</i>	H <b>7.44</b>	mg/dL	3.6 - 7.2	
Creatinine <i>Enzymatic</i>	0.96	mg/dL	0.70 - 1.30	

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

**Dr. Shreya Shah**

M.D. (Pathologist)

Page 5 of 12

Printed On : 08-Mar-2025 13:07



### 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 : JAYKAR K GOKANI      Sex/Age : Male / 37 Years      Case ID : 50302200369  
 Ref.By :      Dis. At :      Pt. ID : 5647900  
 Bill. Loc. : Aashka hospital      Pt. Loc :

Reg Date and Time : 08-Mar-2025 09:32	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 08-Mar-2025 09:32	Sample Coll. By :	Ref Id1 : OSP36184
Report Date and Time : 08-Mar-2025 12:40	Acc. Remarks : Normal	Ref Id2 : O24259729

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

### Glycated Haemoglobin Estimation

HbA1C <i>Immunoturbidimetric</i>	5.15	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	101.11	mg/dL	Not available	

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

**Interpretation :**

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

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

**Dr. Shreya Shah**

M.D. (Pathologist)

Page 6 of 12

Printed On : 08-Mar-2025 13:07



### 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 : JAYKAR K GOKANI      Sex/Age : Male / 37 Years      Case ID : 50302200369  
 Ref.By :      Dis. At :      Pt. ID : 5647900  
 Bill. Loc. : Aashka hospital      Pt. Loc :

Reg Date and Time : 08-Mar-2025 09:32      Sample Type : Serum      Mobile No :  
 Sample Date and Time : 08-Mar-2025 09:32      Sample Coll. By :      Ref Id1 : OSP36184  
 Report Date and Time : 08-Mar-2025 11:21      Acc. Remarks : Normal      Ref Id2 : O24259729

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

### BIOCHEMICAL INVESTIGATIONS

#### Lipid Profile

Cholesterol <i>Colorimetric, CHOD-POD</i>	H	226.1	mg/dL	110 - 200
HDL Cholesterol		45.0	mg/dL	40 - 60
Triglyceride <i>GPO-POD</i>		137.64	mg/dL	40 - 200
VLDL <i>Calculated</i>		27.53	mg/dL	10 - 40
Chol/HDL <i>Calculated</i>	H	5.02		0 - 4.1
LDL Cholesterol <i>Calculated</i>	H	153.57	mg/dL	0.00 - 100.00

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

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

- LDL Cholesterol level is primary goal for treatment and varies with risk category and assesment
- For LDL Cholesterol level Please consider direct LDL value  
Risk assessment from HDL and 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)

Dr. Shreya Shah

M.D. (Pathologist)

Page 7 of 12

Printed On : 08-Mar-2025 13:07



**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 : **JAYKAR K GOKANI** Sex/Age : **Male / 37 Years** Case ID : **50302200369**  
 Ref.By : Dis. At : Pt. ID : **5647900**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 08-Mar-2025 09:32	Sample Type : Serum	Mobile No :
Sample Date and Time : 08-Mar-2025 09:32	Sample Coll. By :	Ref Id1 : OSP36184
Report Date and Time : 08-Mar-2025 12:09	Acc. Remarks : Normal	Ref Id2 : O24259729

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

### BIOCHEMICAL INVESTIGATIONS

#### Liver Function Test

S.G.P.T. <i>IIFC method without pyridoxal phosphate activation</i>	31.86	U/L	0.0 - 45.0
S.G.O.T. <i>IIFC method without pyridoxal phosphate activation</i>	22.35	U/L	0.0 - 35.0
Alkaline Phosphatase <i>PNPP-AMP Buffer</i>	92.66	U/L	50.0 - 116.0
Gamma Glutamyl Transferase <i>IFCC</i>	36.2	U/L	0.0 - 55.0
Proteins (Total) <i>Biuret</i>	H <b>8.90</b>	g/dL	6.4 - 8.2
Albumin <i>Bromo Cresol Green</i>	H <b>5.06</b>	g/dL	3.4 - 5.0
Globulin <i>Calculated</i>	3.84	gm/dL	2 - 4.1
A/G Ratio <i>Calculated</i>	1.32		1.0 - 2.1
Bilirubin Total <i>Diazotized Sulfanilic Acid Method</i>	0.65	mg/dL	0.3 - 1.2
Bilirubin Conjugated <i>Diazotized Sulfanilic Acid Method</i>	0.22	mg/dL	0.0 - 0.3
Bilirubin Unconjugated <i>Calculated</i>	0.43	mg/dL	0 - 0.8

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

**Dr. Shreya Shah**

M.D. (Pathologist)

Page 8 of 12

Printed On : 08-Mar-2025 13:07



**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 : JAYKAR K GOKANI      Sex/Age : Male / 37 Years      Case ID : 50302200369  
 Ref.By :      Dis. At :      Pt. ID : 5647900  
 Bill. Loc. : Aashka hospital      Pt. Loc. :

Reg Date and Time : 08-Mar-2025 09:32	Sample Type : Serum	Mobile No :
Sample Date and Time : 08-Mar-2025 09:32	Sample Coll. By :	Ref Id1 : OSP36184
Report Date and Time : 08-Mar-2025 11:12	Acc. Remarks : Normal	Ref Id2 : O24259729

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Triiodothyronine (T3)	115.82	ng/dL	70 - 204	
Thyroxine (T4) CMA	11.14	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 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)

**Dr. Shreya Shah**

M.D. (Pathologist)

Page 9 of 12

Printed On : 08-Mar-2025 13:07



### 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 : <b>JAYKAR K GOKANI</b>	Sex/Age : <b>Male / 37 Years</b>	Case ID : <b>50302200369</b>
Ref.By :	Dis. At :	Pt. ID : <b>5647900</b>
Bill. Loc. : <b>Aashka hospital</b>		Pt. Loc. :
Reg Date and Time : <b>08-Mar-2025 09:32</b>	Sample Type : <b>Serum</b>	Mobile No :
Sample Date and Time : <b>08-Mar-2025 09:32</b>	Sample Coll. By :	Ref Id1 : <b>OSP36184</b>
Report Date and Time : <b>08-Mar-2025 11:12</b>	Acc. Remarks : <b>Normal</b>	Ref Id2 : <b>O24259729</b>

**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)

Page 10 of 12

Printed On : 08-Mar-2025 13:07



**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 : JAYKAR K GOKANI	Sex/Age : Male / 37 Years	Case ID : 50302200369
Ref.By :	Dis. At :	Pt. ID : 5647900
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 08-Mar-2025 09:32	Sample Type : Spot Urine	Mobile No :
Sample Date and Time : 08-Mar-2025 09:32	Sample Coll. By :	Ref Id1 : OSP36184
Report Date and Time : 08-Mar-2025 11:12	Acc. Remarks : Normal	Ref Id2 : O24259729

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

### URINE EXAMINATION

#### Physical Examination

Colour	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)

Page 11 of 12

Printed On : 08-Mar-2025 13:07



**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 : **JAYKAR K GOKANI** Sex/Age : **Male / 37 Years** Case ID : **50302200369**  
 Ref.By : Dis. At : Pt. ID : **5647900**  
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : 08-Mar-2025 09:32 Sample Type : **Spot Urine** Mobile No :  
 Sample Date and Time : 08-Mar-2025 09:32 Sample Coll. By : Ref Id1 : **OSP36184**  
 Report Date and Time : 08-Mar-2025 11:12 Acc. Remarks : **Normal** Ref Id2 : **O24259729**

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)

Page 12 of 12

Printed On : 08-Mar-2025 13:07



**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





**PATIENT NAME: JAYKAR K GOKANI**

**GENDER/AGE: Male / 36 Years**

**DATE: 08/03/25**

**DOCTOR:**

**OPDNO: OSP36184**

### SONOGRAPHY OF ABDOMEN AND PELVIS

**LIVER:** Liver appears normal in size and shows raised parenchymal echoes suggest fatty liver. 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 4.6 cms in size.

Left kidney measures about 10.6 x 4.8 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.

**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:

- Fatty liver grade I.
- Normal sonographic appearance of GB, Pancreas, spleen, kidneys, para-aortic region, bladder and prostate.

**RADIOLOGIST**

**DR. MEHUL PATELIYA**

REPORT

PATIENT NAME: JAYKAR K GOKANI

GENDER/AGE: Male / 36 Years


DATE: 08/03/25

DOCTOR: DR. HASIT JOSHI

OPDNO: OSP36184

**2D-ECHO**

MITRAL VALVE	: NORMAL	
AORTIC VALVE	: NORMAL	
TRICUSPID VALVE	: NORMAL	
PULMONARY VALVE	: NORMAL	
AORTA	: 29mm	
LEFT ATRIUM	: 29mm	
LV Dd / Ds	: 39/29mm	EF 60%
IVS / LVPW / D	: 8/8mm	
IVS	: INTACT	
IAS	: INTACT	
RA	: NORMAL	
RV	: NORMAL	
PA	: NORMAL	
PERICARDIUM	: NORMAL	
VEL	: PEAK	MEAN
M/S	: Gradient mm Hg	Gradient mm Hg
MITRAL	: 1.2/0.7m/s	
AORTIC	: 1.2m/s	
PULMONARY	: 0.8m/s	
COLOUR DOPPLER	: MILD MR / NO PAH	
RVSP	: 30mmHg	
CONCLUSION	: NORMAL LV SIZE / FUNCTION 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



**aashka**  
**HOSPITAL**



**PATIENT NAME: JAYKAR K GOKANI**

**GENDER/AGE: Male / 36 Years**

**DATE: 08/03/25**

**DOCTOR:**

**OPDNO: OSP36184**

**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

08.03.2025 11:21:57 AM  
AASHKA HOSPITAL LTD.  
SARGASAN  
GANDHINAGAR

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

Room:

85 bpm  
- / - mmHg

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 86 ms  
QT / QTcBaz : 378 / 449 ms  
PR : 124 ms  
P : 78 ms  
RR / PP : 702 / 705 ms  
P / QRS / T : 57 / 76 / 63 degrees

Normal sinus rhythm  
Normal ECG

Jaykesh Gokani

37 yr / M

