



To,

The Coordinator,
Mediwheel (Arcofemi Healthcare Limited)
Helpline number: 011- 41195959

Dear Sir / Madam,

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

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

PARTICULARS OF HEALTH CHECK UP BENEFICIARY	
NAME	RUCHI GUPTA
DATE OF BIRTH	01-12-1992
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	09-03-2024
BOOKING REFERENCE NO.	23M162338100094868S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. GUPTA MANISH KUMAR
EMPLOYEE EC NO.	162338
EMPLOYEE DESIGNATION	FOREX BACK OFFICE
EMPLOYEE PLACE OF WORK	GANDHINAGAR,GIFT CITY,NATIONAL
EMPLOYEE BIRTHDATE	20-07-1988

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 **29-02-2024** till **31-03-2024**.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's spouse 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 Department
Bank of Baroda**

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))



प्रति,

समन्वयक,

Mediwheel (Arcofemi Healthcare Limited)

हेल्पलाइन नंबर: 011-41195959

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	RUCHI GUPTA
जन्म की तारीख	01-12-1992
कर्मचारी की पत्नी/पति के स्वास्थ्य जांच की प्रस्तावित तारीख	09-03-2024
बुकिंग संदर्भ सं.	23M162338100094868S
पत्नी/पति के विवरण	
कर्मचारी का नाम	MR. GUPTA MANISH KUMAR
कर्मचारी की क.क्र.संख्या	162338
कर्मचारी का पद	FOREX BACK OFFICE
कर्मचारी के कार्य का स्थान	GANDHINAGAR, GIFT CITY, NATIONAL
कर्मचारी के जन्म की तारीख	20-07-1988

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 29-02-2024 से 31-03-2024 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)

मानव संसाधन प्रबंधन विभाग

बैंक ऑफ़ बड़ौदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए Mediwheel (Arcofemi Healthcare Limited)से संपर्क करें।)

Issuing Authority

प्राधिकृत प्राधिकारी

कर्मचारी कूट क्र. : 162338
Employee Code No.

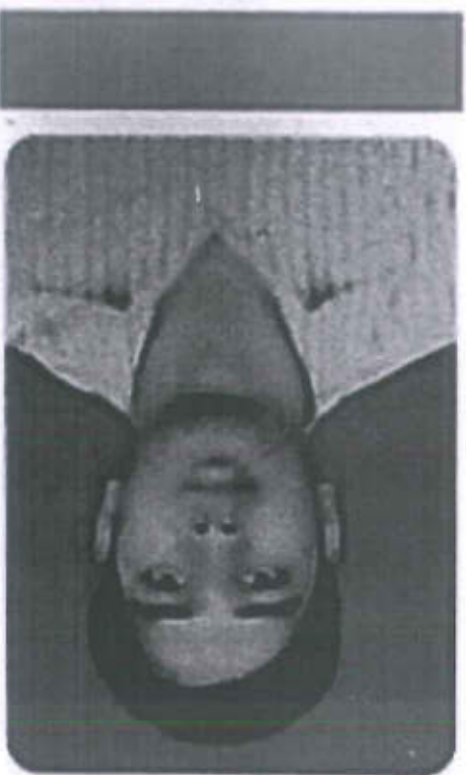
नाम : मनीष कुमार गुप्ता
Name : Manishkumar Gupta

बैंक ऑफ़ बरोडा
Bank of Baroda



Signature of Holder

धारक के हस्ताक्षर



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: L85110GJ2012PLCC072647



aashka

H O S P I T A L



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

UHID:	0023133	Date:	9/3/24	Time:	
Patient Name:	Ruchi	Age/Sex:	31/F	Height:	
	Occupie	Weight:			
Chief Complain:	Routine dental check up				
History:	slender				
Allergy History:					
Nutritional Screening:	Well-Nourished / Malnourished / Obese				
Examination:					
Extra oral :	Stain +				
Intra oral – Teeth Present :	calculus +				
Teeth Absent :	bony exostosis present but				
	23456				
Diagnosis:	bony exostosis				

Rx

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

Other Advice:

Feeling

Follow-up:

Consultant's Sign:

[Signature]

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 **aashka**
H O S P I T A L



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

UHID:	00123133	Date:	09/03/24	Time:	
Patient Name:	Ruchi Gupta	Age / Sex:		Height:	153
				Weight:	65kg
History:	C/O Corneal opacity since birth. ft have glasses from 3-weeks..				
Allergy History:					
Nutritional Screening:	Well-Nourished / Malnourished / Obese				
Examination:	VIT CORNEAL GLC GC6 N16 COLIDS VISIONS. Normal				
Diagnosis:	Refractive error				

Rx

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

Eye examination:

	RIGHT			LEFT		
	S	C	A	S	C	A
D	0.25	0.5	1.80		0.25	1.80
N						

Other Advice:

Use eye drops

Follow-up:

Consultant's Sign:

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 **aashka**
H O S P I T A L



9/03/24
at 3:15pm

Pt Name - Ruchi
31 YR/F

NO any other active complaints
NO CD-medicines.

P-toberin

BP - 110/70 mm Hg

SpO₂ - 99% on RA

RS / NAD
CVS

- all blood investigations noted - @

- CXR - NAD

- ECG - NSR

- USG, abdomen - @

- 2D echo - EF - 60%
@ LV fun.



Ruchi Gupta
F131

09.03.2024 11:16:22 AM
AASHKA HOSPITAL LTD.
SARGASAN
GANDHINAGAR

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

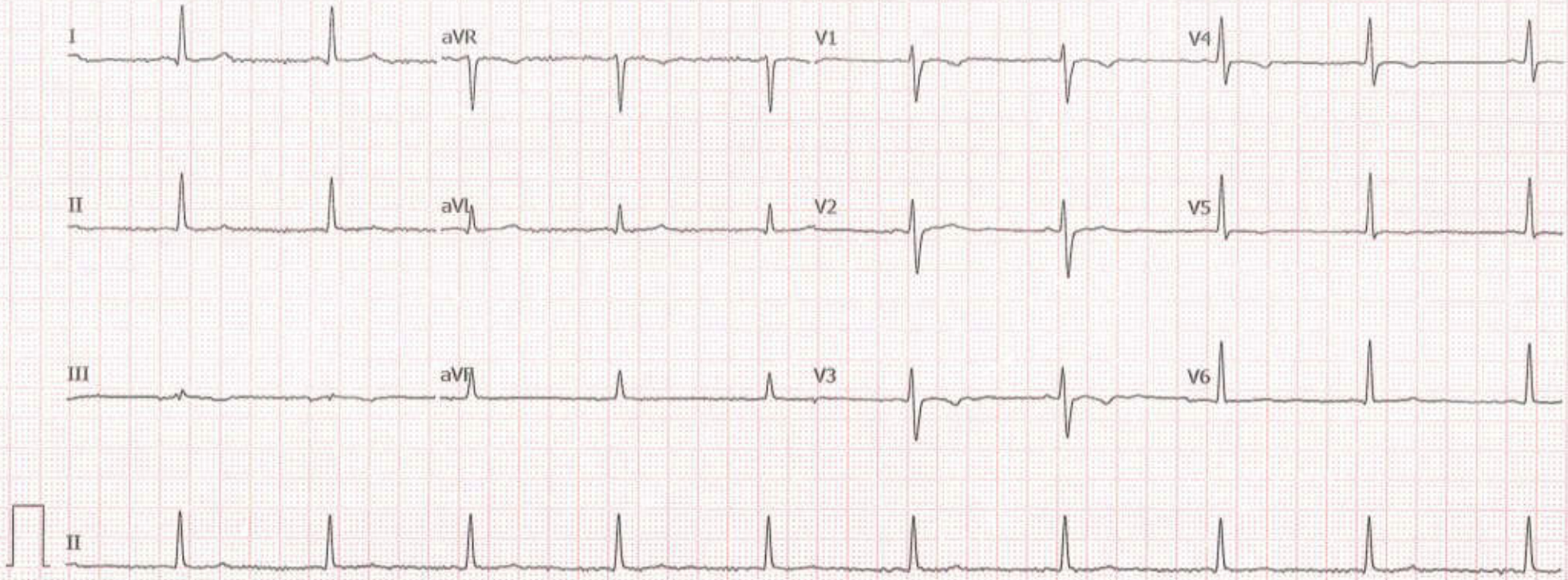
Room:

60 bpm
- / - mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 88 ms
QT / QTcBaz : 402 / 402 ms
PR : 108 ms
P : 84 ms
RR / PP : 1002 / 1000 ms
P / QRS / T : -2 / 34 / -2 degrees

Sinus rhythm with short PR
Nonspecific T wave abnormality
Abnormal ECG



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 **aashka**
H O S P I T A L



PATIENT NAME: RUCHI GOYAL

GENDER/AGE: Female / 31 Years

DOCTOR:

OPDNO: 00123133

DATE: 09/03/24

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

Aashka Hospitals Ltd.

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aashka
H O S P I T A L



PATIENT NAME: RUCHI GOYAL

GENDER/AGE: Female / 31 Years

DOCTOR:

OPDNO: O0123133

DATE: 09/03/24

SONOGRAPHY OF ABDOMEN AND PELVIS

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

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

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

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

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

Right kidney measures about 10.1 x 4.2 cms in size.

Left kidney measures about 10.3 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 appears normal. No evidence of bladder calculus, diverticulum or mass lesion is seen. Prevoid bladder volume measures about 160 cc.

UTERUS: Uterus is anteverted and appears normal in size, shape and position. Endometrial and myometrial echoes appear normal. Endometrial thickness measures about 4.2 mm. No evidence of uterine mass lesion is seen.

Bilateral adnexa appears normal.

COMMENT: Normal sonographic appearance of liver, GB, pancreas, spleen, kidneys, para aortic region, bladder and uterus.


DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST



LABORATORY REPORT



Name : RUCHI GOYAL
 Ref.By : AASHKA HOSPITAL
 Bill. Loc. : Aashka hospital

Sex/Age : Female/ 31 Years
 Dis. At :
 Pl. Loc. :

Case ID : 40302200268
 Pl. ID : 2527028

Reg Date and Time : 09-Mar-2024 09:01
 Sample Date and Time : 09-Mar-2024 09:02
 Report Date and Time :

Sample Type :
 Sample Coll. By :
 Acc. Remarks : Normal

Mobile No : 8347441869
 Ref Id1 : 00123133
 Ref Id2 :

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Haemogram (CBC)			
Haemoglobin	10.9	G%	12.0 - 15.0
PCV(Calc)	33.70	%	36.00 - 46.00
Total WBC Count	3580	/ μ L	4000.00 - 10000.00
Lymphocyte	42.0	%	20.00 - 40.00
Neutrophil	1754	/ μ L	2000.00 - 7000.00
Monocyte	179	/ μ L	200.00 - 1000.00
Lipid Profile			
HDL Cholesterol	44.8	mg/dL	48 - 77
VLDL	6.74	mg/dL	10 - 40
Thyroid Function Test			
Thyroxine (T4)	4.66	ng/dL	4.87 - 11.72
Plasma Glucose - F	117.65	mg/dL	70 - 100

Abnormal Result(s) Summary End

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



LABORATORY REPORT



Name : **RUCHI GOYAL** Sex/Age : Female/ 31 Years Case ID : 40302200268
 Ref.By : AASHKA HOSPITAL Dis. At : Pt. ID : 2527028
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 09-Mar-2024 09:01 Sample Type : Whole Blood EDTA Mobile No : 8347441869
 Sample Date and Time : 09-Mar-2024 09:02 Sample Coll. By : Ref Id1 : O0123133
 Report Date and Time : 09-Mar-2024 10:12 Acc. Remarks : Normal Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin	L	10.9	G%	12.0 - 15.0
RBC (Electrical Impedance)		3.91	millions/cumm	3.80 - 4.80
PCV(Calc)	L	33.70	%	36.00 - 46.00
MCV (RBC histogram)		86.2	fL	83.00 - 101.00
MCH (Calc)		27.9	pg	27.00 - 32.00
MCHC (Calc)		32.4	gm/dL	31.50 - 34.50
RDW (RBC histogram)		14.50	%	11.00 - 16.00

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

Total WBC Count	L	3580	/µL	4000.00 - 10000.00
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	EXPECTED VALUES	[Abs]	EXPECTED VALUES
Neutrophil	% 40.00 - 70.00	L 1754	/µL 2000.00 - 7000.00
Lymphocyte	% 20.00 - 40.00	1504	/µL 1000.00 - 3000.00
Eosinophil	% 1.00 - 6.00	143	/µL 20.00 - 500.00
Monocytes	% 2.00 - 10.00	L 179	/µL 200.00 - 1000.00
Basophil	% 0.00 - 2.00	0	/µL 0.00 - 100.00

PLATELET COUNT (Optical)

Platelet Count	290000	/µL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	1.17		0.78 - 3.53

SMEAR STUDY

RBC Morphology : Normocytic Normochromic anaemia.
 WBC Morphology : Leucopenia with large and reactive lymphocytes.
 Platelet : Platelets are adequate in number.
 Parasite : Malarial Parasite not seen on smear.

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

Dr. Shreya Shah
 M.D. (Pathologist)

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry should be supported by a valid receipt or invoice. This ensures transparency and allows for easy verification of the data.

Additionally, it is noted that regular audits are essential to identify any discrepancies or errors early on. This proactive approach helps in maintaining the integrity of the financial statements and prevents any potential issues from escalating.

The second section focuses on the role of technology in modern accounting. It highlights how software solutions can streamline various processes, from data entry to report generation. This not only saves time but also reduces the risk of human error, leading to more accurate and efficient financial management.

Furthermore, the use of cloud-based systems allows for real-time access to financial data, enabling better decision-making and collaboration among team members. This is particularly beneficial for businesses with multiple locations or those that operate in a fast-paced market.

In conclusion, the document stresses that a combination of strict adherence to accounting principles and the effective use of technology is key to successful financial management. By implementing these practices, businesses can ensure the accuracy and reliability of their financial records, ultimately leading to improved performance and growth.

The following table provides a summary of the key points discussed in the document. It serves as a quick reference for readers who want to review the main takeaways without going through the entire text.

The document also includes a list of recommended resources for further reading. These resources cover a range of topics, from basic accounting principles to advanced financial analysis techniques. They are intended to provide readers with additional information and insights into the field of accounting.

Finally, the document expresses the hope that the information provided will be helpful and informative. It encourages readers to apply the concepts and practices discussed to their own work, and to seek professional advice if they have any questions or need further assistance.

The author would like to thank the reviewers and colleagues who provided valuable feedback and support throughout the writing process. Their input was instrumental in refining the document and ensuring that it meets the highest standards of quality and accuracy.

The document is intended for use as a reference tool and is not meant to replace professional advice. It is important to consult with a qualified accountant or financial advisor for any specific questions or complex situations.

The information presented in this document is based on current industry practices and standards. It is subject to change as the accounting profession evolves and new technologies emerge. Readers are encouraged to stay up-to-date on the latest developments in the field.

The document is a collaborative effort and the views expressed are those of the author. It is not intended to constitute an offer of financial services or any other financial product.

The document is a confidential document and its contents should not be disclosed to any third party without the express written consent of the author. It is intended for the personal use of the reader and should not be used for any other purpose.



LABORATORY REPORT



Name : RUCHI GOYAL
Ref.By : AASHKA HOSPITAL
Bill. Loc. : Aashka hospital

Sex/Age : Female/ 31 Years Case ID : 40302200268
Dis. At : Pt. ID : 2527028
Pt. Loc :

Reg Date and Time : 09-Mar-2024 09:01 Sample Type : Whole Blood EDTA Mobile No : 8347441869
Sample Date and Time : 09-Mar-2024 09:02 Sample Coll. By : Ref Id1 : 00123133
Report Date and Time : 09-Mar-2024 14:09 Acc. Remarks : Normal Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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ESR <i>Westergren Method</i>	04	mm after 1hr	3 - 20	
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Note: (LL-VeryLow, L-Low, H-High, HH-VeryHigh, A-Abnormal)

Dr. Shreya Shah
M.D. (Pathologist)



LABORATORY REPORT



Name : RUCHI GOYAL
Ref.By : AASHKA HOSPITAL
Bill. Loc. : Aashka hospital

Sex/Age : Female/ 31 Years
Dis. At :
Pt. Loc :
Case ID : 40302200268
Pt. ID : 2527028

Reg Date and Time : 09-Mar-2024 09:01 Sample Type : Whole Blood EDTA
Sample Date and Time : 09-Mar-2024 09:02 Sample Coll. By :
Report Date and Time : 09-Mar-2024 13:12 Acc. Remarks : Normal
Mobile No. : 8347441869
Ref Id1 : O0123133
Ref Id2 :

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)

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry should be supported by a valid receipt or invoice. This ensures transparency and allows for easy verification of the data.

Furthermore, it is noted that regular audits are essential to identify any discrepancies or errors early on. This proactive approach helps in maintaining the integrity of the financial statements and prevents any potential issues from escalating.

In addition, the document highlights the need for clear communication between all stakeholders involved in the financial process. Regular meetings and reports should be used to keep everyone informed about the current status and any changes that may occur.

Finally, it is stressed that adherence to all applicable laws and regulations is a top priority. This includes staying up-to-date with any changes in tax laws and reporting requirements to ensure full compliance.

The second part of the document provides a detailed overview of the accounting system used by the organization. It describes the various components of the system, including the general ledger, accounts payable, and accounts receivable modules.

It also outlines the data flow between these different modules and how they interact with each other. This helps in understanding the overall structure and functionality of the accounting system.

The document further details the specific procedures for recording and processing transactions. It includes step-by-step instructions for entering data into the system and generating various financial reports.

Additionally, it discusses the controls and checks in place to ensure the accuracy and reliability of the data. This includes the use of automated checks and balances to minimize the risk of human error.

The third part of the document focuses on the internal controls and risk management strategies implemented by the organization. It identifies the key areas of risk and the measures taken to mitigate them.

This includes the establishment of a strong internal control environment, the implementation of segregation of duties, and the use of independent audits to provide an objective assessment of the system's effectiveness.

The document also discusses the role of management in overseeing the financial process and ensuring that the organization's financial goals are being met. It emphasizes the importance of setting clear objectives and monitoring progress regularly.

Finally, it provides a summary of the key findings and recommendations from the review. This includes suggestions for areas where improvements can be made to enhance the efficiency and effectiveness of the financial system.

In conclusion, the document serves as a comprehensive guide for the organization's financial operations. It provides a clear understanding of the current state of affairs and offers practical advice on how to improve and maintain a robust financial system.

By following the guidelines and recommendations outlined in this document, the organization can ensure that its financial data is accurate, reliable, and compliant with all relevant regulations.

The document is intended for use by all staff members involved in the financial process, from entry-level clerks to senior management. It is a living document that should be reviewed and updated regularly to reflect any changes in the organization's financial landscape.

For more information or to request a copy of this document, please contact the Finance Department at [contact information].

This document is the property of the organization and is intended for internal use only. It contains confidential information and should be handled accordingly.

The information provided in this document is for informational purposes only and does not constitute an audit opinion or any other form of professional assurance.

The document is prepared in accordance with the standards and practices of the industry. It is subject to change without notice and should be read in conjunction with the organization's policies and procedures.

The document is prepared by the Finance Department and is subject to review and approval by the relevant authorities.

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Name : **RUCHI GOYAL** Sex/Age : Female/ 31 Years Case ID : 40302200268
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : 2527028
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 09-Mar-2024 09:01 Sample Type : Plasma Fluoride F, Plasma Fluoride PP, Serum Mobile No : 8347441869
 Sample Date and Time : 09-Mar-2024 09:02 Sample Coll. By : Ref Id1 : 00123133
 Report Date and Time : 09-Mar-2024 11:34 Acc. Remarks : Normal Ref Id2 :
TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

Plasma Glucose - F <small>Photometric, Hexokinase</small>	H	117.65	mg/dL	70 - 100	
Plasma Glucose - PP		99.74	mg/dL	70.0 - 140.0	
BUN (Blood Urea Nitrogen) <small>GLDH</small>		12.4	mg/dL	7.00 - 18.70	
Uric Acid <small>Uricase</small>		3.75	mg/dL	2.6 - 6.2	
Creatinine		0.75	mg/dL	0.50 - 1.50	

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

Dr. Shreya Shah
M.D. (Pathologist)

The following information was obtained from the records of the
 Department of the Interior, Bureau of Land Management, regarding
 the land parcels described herein:

The parcels are situated in the County of [County Name], State of
 [State Name], and are more particularly described as follows:

Parcel 1: [Detailed description of Parcel 1, including acreage, location, and any other relevant details.]

Parcel 2: [Detailed description of Parcel 2, including acreage, location, and any other relevant details.]

Parcel 3: [Detailed description of Parcel 3, including acreage, location, and any other relevant details.]

Parcel 4: [Detailed description of Parcel 4, including acreage, location, and any other relevant details.]

Parcel 5: [Detailed description of Parcel 5, including acreage, location, and any other relevant details.]

The above-described parcels are being offered for sale by the
 Department of the Interior, Bureau of Land Management, and are
 available for purchase by the public.



LABORATORY REPORT



Name : RUCHI GOYAL
 Ref.By : AASHKA HOSPITAL
 Bill. Loc. : Aashka hospital

Sex/Age : Female/ 31 Years Case ID : 40302200268
 Dis. At : Pt. ID : 2527028
 Pt. Loc :

Reg Date and Time : 09-Mar-2024 09:01 Sample Type : Whole Blood EDTA Mobile No : 8347441869
 Sample Date and Time : 09-Mar-2024 09:02 Sample Coll. By : Ref Id1 : O0123133
 Report Date and Time : 09-Mar-2024 10:12 Acc. Remarks : Normal Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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Glycated Haemoglobin Estimation

HbA1C	5.67	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) <small>Calculated</small>	116.03	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 glycaemic 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: (L- Very Low, L-Low, H-High, HH-Very High, A-Abnormal)



Dr. Shreya Shah
 M.D. (Pathologist)

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry should be supported by a valid receipt or invoice. This ensures transparency and allows for easy verification of the data.

Furthermore, it is noted that regular audits are essential to identify any discrepancies or errors. By conducting these checks frequently, potential issues can be resolved before they become significant problems.

In conclusion, the document stresses that a robust record-keeping system is the foundation of sound financial management. It provides a clear path for tracking income and expenses, which is crucial for making informed business decisions.

The second section of the document focuses on the importance of budgeting. A well-defined budget helps in allocating resources effectively and prevents overspending. It serves as a financial roadmap that guides the organization's operations throughout the year.

It is advised that the budget should be reviewed and updated regularly to reflect changes in market conditions or internal needs. This flexibility is key to staying on track and achieving the organization's financial goals.

Overall, the document highlights that budgeting is not just a financial exercise but a strategic tool that enables better planning and control over the organization's finances.

The third part of the document addresses the topic of risk management. It identifies various potential risks that could impact the organization's financial stability and outlines strategies to mitigate them.

Key risks mentioned include market volatility, changes in consumer behavior, and operational inefficiencies. The document suggests implementing hedging strategies, diversifying investments, and streamlining processes to reduce these risks.

It concludes by stating that a proactive approach to risk management is essential for long-term success. By anticipating and addressing potential challenges, the organization can maintain its financial health and resilience.

The fourth section discusses the importance of maintaining a strong relationship with creditors and suppliers. Timely payments and clear communication are vital for ensuring a smooth flow of goods and services.

The document advises that organizations should negotiate favorable terms and conditions with their vendors. This can help in managing cash flow and reducing the risk of supply chain disruptions.

In summary, the document emphasizes that good relationships with external partners are a critical component of financial stability and operational efficiency.

The fifth and final part of the document provides a summary of the key points discussed. It reiterates the importance of accurate record-keeping, effective budgeting, proactive risk management, and strong external relationships.

The document concludes by stating that these practices are essential for the long-term success and financial health of any organization. It encourages the reader to implement these strategies and regularly review their financial performance.

In addition, the document highlights the need for continuous learning and improvement. Staying updated on the latest financial trends and technologies can provide a competitive edge.

It also notes that investing in professional training and consulting services can be beneficial for organizations looking to optimize their financial operations.

Finally, the document stresses the importance of transparency and accountability in all financial dealings. This builds trust with stakeholders and ensures the organization's long-term sustainability.

The document also mentions the importance of having a clear financial strategy in place. This strategy should align with the organization's overall business goals and provide a framework for decision-making.

It suggests that organizations should regularly assess their financial performance against their strategy and make adjustments as needed.

Overall, the document provides a comprehensive overview of the key financial management practices that are essential for success in today's competitive market.

The document further emphasizes the role of technology in financial management. Utilizing accounting software and data analytics can significantly improve the accuracy and efficiency of financial reporting.

It recommends that organizations invest in reliable technology solutions and ensure that their staff is adequately trained to use them.

In conclusion, the document provides a detailed guide to effective financial management, covering everything from record-keeping to strategic planning. It is a valuable resource for any business owner or manager looking to improve their financial performance.

The document also discusses the importance of having a contingency plan in place. This plan should outline the steps to be taken in the event of a financial crisis or other unforeseen circumstances.

It suggests that organizations should regularly review and update their contingency plans to ensure they remain relevant and effective.

Finally, the document notes that maintaining a positive financial outlook is essential for long-term success. By focusing on growth and innovation, organizations can overcome challenges and achieve their financial goals.

The document also highlights the importance of having a clear understanding of the organization's financial position. This involves conducting a thorough analysis of the current financial state and identifying areas for improvement.

It suggests that organizations should use financial statements and other tools to gain insights into their performance and make data-driven decisions.

In summary, the document provides a comprehensive overview of the key financial management practices that are essential for success in today's competitive market.

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In summary, the document provides a comprehensive overview of the key financial management practices that are essential for success in today's competitive market.



LABORATORY REPORT



Name : **RUCHI GOYAL** Sex/Age : Female/ 31 Years Case ID : 40302200268
 Ref By : **AASHKA HOSPITAL** Dis. At : Pt. ID : 2527028
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 09-Mar-2024 09:01 Sample Type : Serum Mobile No : 8347441869
 Sample Date and Time : 09-Mar-2024 09:02 Sample Coll. By : Ref Id1 : 00123133
 Report Date and Time : 09-Mar-2024 11:34 Acc. Remarks : Normal Ref Id2 :

TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol Colorimetric, CHOD-POD	119.11	mg/dL	110 - 200
HDL Cholesterol	L 44.8	mg/dL	48 - 77
Triglyceride Glycerol Phosphate Oxidase	33.68	mg/dL	<150
VLDL Calculated	L 6.74	mg/dL	10 - 40
Cho/HDL Calculated	2.66		0 - 4.1
LDL Cholesterol Calculated	67.57	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 assessment
- 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 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 assessment

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

Dr. Shreya Shah
 M.D. (Pathologist)

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LABORATORY REPORT



Name : RUCHI GOYAL Sex/Age : Female/ 31 Years Case ID : 40302200268
 Ref.By : AASHKA HOSPITAL Dis. At : Pt. ID : 2527028
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 09-Mar-2024 09:01 Sample Type : Serum Mobile No : 8347441869
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 Report Date and Time : 09-Mar-2024 11:34 Acc. Remarks : Normal Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Liver Function Test

S.G.P.T. <i>UV with P5P</i>	18.29	U/L	14 - 59	
S.G.O.T. <i>UV with P5P</i>	20.44	U/L	15 - 37	
Alkaline Phosphatase <i>Enzymatic, PNPP-ALP</i>	71.84	U/L	46 - 116	
Gamma Glutamyl Transferase <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate</i>	13.03	U/L	0 - 38	
Proteins (Total) <i>Colorimetric, Biuret</i>	7.89	gm/dL	6.40 - 8.30	
Albumin <i>Bromocresol purple</i>	4.81	gm/dL	3.4 - 5	
Globulin <i>Calculated</i>	3.08	gm/dL	2 - 4.1	
A/G Ratio <i>Calculated</i>	1.6		1.0 - 2.1	
Bilirubin Total <i>Photometry</i>	0.69	mg/dL	0.3 - 1.2	
Bilirubin Conjugated <i>Diazotization reaction</i>	0.36	mg/dL	0 - 0.50	
Bilirubin Unconjugated <i>Calculated</i>	0.33	mg/dL	0 - 0.8	

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

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LABORATORY REPORT



Name : **RUCHI GOYAL** Sex/Age : **Female/ 31 Years** Case ID : **40302200268**
 Ref.By : **AASHKA HOSPITAL** Dis. At : **Pt. ID : 2527028**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **09-Mar-2024 09:01** Sample Type : **Serum** Mobile No : **8347441869**
 Sample Date and Time : **09-Mar-2024 09:02** Sample Coll. By : **Ref Id1 : 00123133**
 Report Date and Time : **09-Mar-2024 11:10** Acc. Remarks : **Normal** Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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Thyroid Function Test

Triiodothyronine (T3)	97.39	ng/dL	70 - 204	
Thyroxine (T4) <small>CMIA</small>	L 4.66	ng/dL	4.87 - 11.72	
TSH <small>CMIA</small>	1.09	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), PRTH 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

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



Dr. Shreya Shah
 M.D. (Pathologist)

1. The first part of the document discusses the importance of maintaining accurate records of all transactions and activities. It emphasizes that proper record-keeping is essential for transparency and accountability, particularly in the context of public administration and financial management.

2. The second part of the document outlines the various methods and tools used for data collection and analysis. It highlights the need for standardized procedures to ensure consistency and reliability of the information gathered. This includes the use of surveys, interviews, and digital data management systems.

3. The third part of the document focuses on the ethical considerations surrounding data collection and usage. It stresses the importance of obtaining informed consent from participants and ensuring that their personal information is protected and used only for the intended purposes. This section also discusses the potential risks of data misuse and the measures taken to mitigate these risks.

4. The fourth part of the document provides a detailed overview of the data analysis process. It describes the various statistical techniques and software tools used to interpret the collected data. This includes the use of regression analysis, correlation analysis, and data visualization tools to identify trends and patterns in the data.

5. The fifth part of the document discusses the challenges and limitations of the data collection and analysis process. It acknowledges that there are often gaps in data and that the results may be influenced by various factors such as sampling bias and measurement errors. It also highlights the need for ongoing monitoring and evaluation to ensure the quality and relevance of the data over time.

6. The sixth part of the document concludes with a summary of the key findings and recommendations. It emphasizes the importance of continued collaboration and communication between all stakeholders involved in the data collection and analysis process. The document also provides a list of references and resources for further reading on the topic.

7. The seventh part of the document is a list of references and resources. It includes a variety of books, articles, and online resources that provide additional information on the topics discussed in the document. This section is intended to serve as a guide for those who wish to explore the subject further.

8. The eighth part of the document is a list of appendices. It includes various tables, figures, and supplementary information that provide additional details and data related to the main text. These appendices are intended to provide a more comprehensive view of the data and analysis.

9. The ninth part of the document is a list of footnotes. It includes additional information and references that are related to the main text but are not included in the main body of the document. These footnotes provide a more detailed and nuanced view of the data and analysis.

10. The tenth part of the document is a list of acknowledgments. It expresses gratitude to the individuals and organizations that have provided support and assistance throughout the data collection and analysis process. This section is intended to recognize the contributions of all those who have helped make the project possible.

11. The eleventh part of the document is a list of contact information. It provides details on how to reach the authors and other key personnel involved in the project. This information is intended to facilitate communication and collaboration with those who are interested in the project or who have questions about the data and analysis.

12. The twelfth part of the document is a list of glossary terms. It defines key terms and concepts used throughout the document to ensure clarity and consistency in the language used. This section is intended to provide a quick reference for those who are unfamiliar with the terminology used in the document.

13. The thirteenth part of the document is a list of abbreviations. It provides a list of abbreviations used throughout the document to ensure consistency and brevity in the language used. This section is intended to provide a quick reference for those who are unfamiliar with the abbreviations used in the document.

14. The fourteenth part of the document is a list of index terms. It provides a list of terms and concepts that are indexed throughout the document to facilitate searching and navigation. This section is intended to provide a quick reference for those who are looking for specific information within the document.



LABORATORY REPORT

Name : RUCHI GOYAL **Sex/Age :** Female/ 31 Years **Case ID :** 40302200268
Ref.By : AASHKA HOSPITAL **Dis. At :** **Pl. ID :** 2527028
Bill. Loc. : Aashka hospital **Pl. Loc :** **Mobile No :** 8347441869
Reg Date and Time : 09-Mar-2024 09:01 **Sample Type :** Serum **Ref Id1 :** O0123133
Sample Date and Time : 09-Mar-2024 09:02 **Sample Coll. By :** **Ref Id2 :** **Report Date and Time :** 09-Mar-2024 11:10 **Acc. Remarks :** Normal

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 hypothyroid patients, hypothyroidism 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

0.24 - 2.00

0.43-2.2

0.8-2.5

	T3	T4	TSH
Normal Thyroid function	N	N	N
Primary Hypothyroidism	↑	↑	↓
Secondary Hypothyroidism	↑	↑	↑
Grave's Thyroiditis	↑	↑	↑
T3 Thyrotoxicosis	↑	N	N/↓
Primary Hypothyroidism	↓	↓	↑
Secondary Hypothyroidism	↓	↓	↓
Subclinical Hypothyroidism	N	N	↑
Patient on treatment	N	N/↑	↓

Pending Services ----- End Of Report -----
 Urine Examination

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-Very Low, L-Low, H-High, HH-Very High, A-Abnormal)

Dr. Shreya Shah
 M.D. (Pathologist)

1. The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that proper record-keeping is essential for the integrity of the financial system and for the ability to detect and prevent fraud.

2. The second part of the document outlines the specific requirements for record-keeping, including the need to maintain original documents and to keep copies of all transactions. It also discusses the importance of regular audits and the need to ensure that all records are up-to-date and accurate.

3. The third part of the document discusses the consequences of failing to maintain accurate records, including the potential for financial loss and the risk of legal action. It also discusses the importance of training staff on proper record-keeping procedures and the need to ensure that all staff are aware of the importance of accurate record-keeping.

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PATIENT NAME: RUCHI GOYAL

GENDER/AGE: Female / 31 Years

DOCTOR: DR. HASIT JOSHI

OPDNO: O0123133

DATE: 09/03/24

2D-ECHO

MITRAL VALVE	: MILD MVP
AORTIC VALVE	: NORMAL
TRICUSPID VALVE	: NORMAL
PULMONARY VALVE	: NORMAL
AORTA	: 32mm
LEFT ATRIUM	: 31mm
LV Dd / Ds	: 37/24mm
IVS / LVPW / D	: 9/8mm
IVS	: INTACT
IAS	: FLOPPY
RA	: NORMAL
RV	: NORMAL
PA	: NORMAL
PERICARDIUM	: NORMAL
VEL	: PEAK MEAN
M/S	: Gradient mm Hg Gradient mm Hg
MITRAL	: 1/0.6m/s
AORTIC	: 1.05m/s
PULMONARY	: 0.86m/s
COLOUR DOPPLER	: TRIVIAL MR/ MILD TR
RVSP	: 30mmHg
CONCLUSION	: NORMAL LV FUNCTION.

CARDIOLOGIST

DR. HASIT JOSHI (9825012235)



