



LETTER OF APPROVAL / RECOMMENDATION

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 employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MRS. MISHRA ALIVA ANWESA
EC NO.	72656
DESIGNATION	BRANCH HEAD
PLACE OF WORK	AHMEDABAD,NAVRANGPURA
BIRTHDATE	02-03-1984
PROPOSED DATE OF HEALTH CHECKUP	11-02-2023
BOOKING REFERENCE NO.	22M72656100040788E

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 **07-02-2023** till **31-03-2023** 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 Department
Bank of Baroda

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

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

UHID: 00223070	Date: 11/02/2023	Time:
Patient Name: Mrs. Alinee Mishra	Age / Sex: 38 / F	Height: 164 cm
	Weight: 113 kg	
History: Clo. Routine check-up.		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination: G19 V1M2 615 C91		
Diagnosis:		

Aashka Hospitals Ltd.

Between Sargasan and Reliance Cross Roads
Sargasan, Gandhinagar - 382421. Gujarat, India
Phone: 079-29750750, +91-7575006000 / 9000
Emergency No.: +91-7575007707 / 9879752777
www.aashkahospitals.in
CIN: L85110GJ2012PLC072647

**PATIENT NAME: MRS. ALIVA ANWESA MISHRA****GENDER/AGE: Female / 38 Years****DATE: 11/02/23****DOCTOR: DR. HASIT JOSHI****OPDNO: 00223070****2D-ECHO**

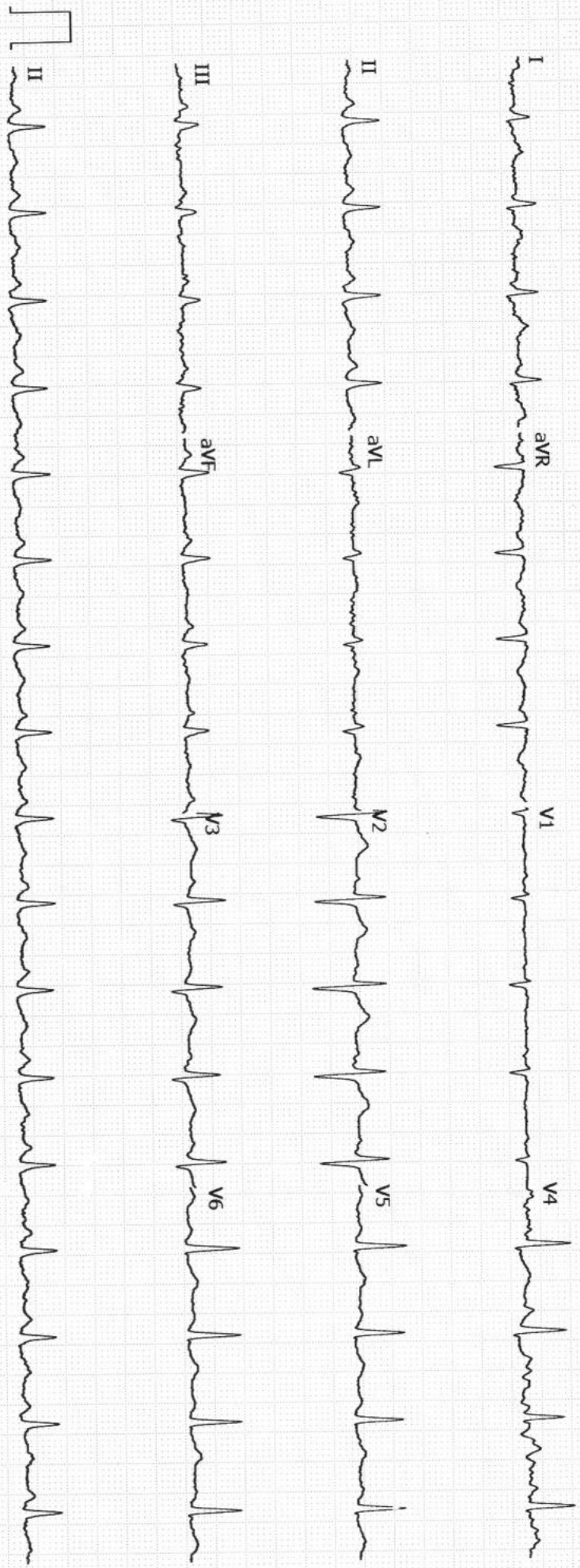
MITRAL VALVE	: NORMAL	
AORTIC VALVE	: NORMAL	
TRICUSPID VALVE	: NORMAL	
PULMONARY VALVE	: NORMAL	
AORTA	: 32mm	
LEFT ATRIUM	: 37mm	
LV Dd / Ds	: 42/29mm	EF 55%
IVS / LVPW / D	: 11/11mm	
IVS	: INTACT	
IAS	: INTACT	
RA	: NORMAL	
RV	: NORMAL	
PA	: NORMAL	
PERICARDIUM	: NORMAL	
VEL	: PEAK	MEAN
M/S	: Gradient mm Hg	Gradient mm Hg
MITRAL	: 1/0.6m/s	
AORTIC	: 1.3m/s	
PULMONARY	: 1.1m/s	
COLOUR DOPPLER	: MILD MR/TR	
RVSP	: 32mmHg	
CONCLUSION	: NORMAL LV SIZE / SYSTOLIC FUNCTION.	

CARDIOLOGIST**DR. HASIT JOSHI (9825012235)**

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 74 ms
QT / QTcBaz : 356 / 468 ms
PR : 122 ms
P : 98 ms
RR / PP : 578 / 576 ms
P / QRS / T : 63 / 58 / 49 degrees

Sinus tachycardia
Otherwise normal ECG



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CIN: L85110GJ2012PLC072647



PATIENT NAME: MRS. ALIVA ANWESA MISHRA

GENDER/AGE: Female / 38 Years

DATE: 11/02/23

DOCTOR:

OPDNO: 00223070

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.

Impression: Normal Chest X ray examination

RADIOLOGIST

DR. MEHUL PATELIYA

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CIN: L85110GJ2012PLC072647



PATIENT NAME:MRS.ALIVA ANWESA MISHRA

GENDER/AGE:Female / 38 Years

DATE:11/02/23

DOCTOR:

OPDNO:O0223070

SONOGRAPHY OF ABDOMEN AND PELVIS

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

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

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

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

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

Right kidney measures about 10.4 x 4.1 cms in size.

Left kidney measures about 10.2 x 4.0 cms in size.

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

Aorta, IVC and para aortic region appears normal.

No evidence of ascites is seen.

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

UTERUS: Uterus is anteverted and appears normal in size, shape and position. Endometrial and myometrial echoes appear normal. Endometrial thickness measures about 5 mm.

Presence of 18x19 mm sized isoechoic lesion seen in anterior wall of uterus, s/o fibroid appears likely.

Presence of 28x29 mm sized simple cyst seen in right ovary.

Left ovary appears normal.

COMMENT:

- Fatty liver grade I.
- Uterine fibroid.
- Right simple ovarian cyst.


Dr. MAHUL S. PATELIYA, G-27576



LABORATORY REPORT



Name : ALIVA ANWESH MISHAR	Sex/Age : Female/ 39 Years	Case ID : 30202200231
Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 2553009
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 11-Feb-2023 09:42	Sample Type :	Mobile No :
Sample Date and Time : 11-Feb-2023 09:42	Sample Coll. By :	Ref Id1 : 00223070
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 : 022238845

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Blood Glucose Fasting & Postprandial			
Plasma Glucose - F	106.09	mg/dL	70.0 - 100
Lipid Profile			
HDL Cholesterol	46.4	mg/dL	48 - 77
Thyroid Function Test			
TSH	4.817	µIU/mL	0.4 - 4.2

Abnormal Result(s) Summary End

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

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Printed On : 11-Feb-2023 14:30



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LABORATORY REPORT



Name : ALIVA ANWESH MISHAR	Sex/Age : Female/ 39 Years	Case ID : 30202200231
Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 2553009
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 11-Feb-2023 09:42	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 11-Feb-2023 09:42	Sample Coll. By :	Ref Id1 : OO223070
Report Date and Time : 11-Feb-2023 10:51	Acc. Remarks : Normal	Ref Id2 : O22238845

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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HAEMOGRAM REPORT

HB AND INDICES

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL
Haemoglobin (Colorimetric)	12.5	G%	12.00 - 15.00
RBC (Electrical Impedance)	4.51	millions/cumm	3.80 - 4.80
PCV(Calc)	38.38	%	36.00 - 46.00
MCV (RBC histogram)	85.1	fL	83.00 - 101.00
MCH (Calc)	27.7	pg	27.00 - 32.00
MCHC (Calc)	32.6	gm/dL	31.50 - 34.50
RDW (RBC histogram)	14.50	%	11.00 - 16.00

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
Total WBC Count	7370	/μL	4000.00 - 10000.00	
	[%]		EXPECTED VALUES	[Abs]
Neutrophil	67.0	%	40.00 - 70.00	4938 /μL
Lymphocyte	26.0	%	20.00 - 40.00	1916 /μL
Eosinophil	2.0	%	1.00 - 6.00	147 /μL
Monocytes	5.0	%	2.00 - 10.00	369 /μL
Basophil	0.0	%	0.00 - 2.00	0 /μL

PLATELET COUNT (Optical)

Platelet Count	270000	/μL	150000.00 - 410000.00
Neutrophil to Lymphocyte Ratio (NLR)	2.58		0.78 - 3.53

SMEAR STUDY

RBC Morphology	Normocytic Normochromic RBCs.
WBC Morphology	Total WBC count within normal limits.
Platelet	Platelets are adequate in number.
Parasite	Malarial Parasite not seen on smear.

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

Shah

Dr. Manoj Shah
M.D. (Path. & Bact.)

Dr. Shreya Shah
M.D. (Pathologist)

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Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 2553009
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 11-Feb-2023 09:42	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 11-Feb-2023 09:42	Sample Coll. By :	Ref Id1 : OO223070
Report Date and Time : 11-Feb-2023 10:51	Acc. Remarks : Normal	Ref Id2 : O22238845

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

Dr. Manoj Shah
M.D. (Path. & Bact.)

Dr. Shreya Shah
M.D. (Pathologist)

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LABORATORY REPORT



Name : **ALIVA ANWESH MISHAR** Sex/Age : **Female/ 39 Years** Case ID : **30202200231**
Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **2553009**
Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 11-Feb-2023 09:42	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 11-Feb-2023 09:42	Sample Coll. By :	Ref Id1 : OO223070
Report Date and Time : 11-Feb-2023 12:35	Acc. Remarks : Normal	Ref Id2 : O22238845

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR	16	mm after 1hr 3 - 20		

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

Dr. Manoj Shah
M.D. (Path. & Bact.)

Dr. Shreya Shah
M.D. (Pathologist)

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LABORATORY REPORT



Name : **ALIVA ANWESH MISHAR** Sex/Age : **Female/ 39 Years** Case ID : **30202200231**
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **2553009**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 11-Feb-2023 09:42	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 11-Feb-2023 09:42	Sample Coll. By :	Ref Id1 : OO223070
Report Date and Time : 11-Feb-2023 10:12	Acc. Remarks : Normal	Ref Id2 : O22238845

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	O
Rh Type	POSITIVE

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

Shah

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 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **2553009**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 11-Feb-2023 09:42	Sample Type : Stool	Mobile No :
Sample Date and Time : 11-Feb-2023 09:52	Sample Coll. By :	Ref Id1 : OO223070
Report Date and Time : 11-Feb-2023 10:15	Acc. Remarks : Normal	Ref Id2 : O22238845

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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Clinical Pathology STOOL EXAMINATION

Physical Examination

Colour Stool	Brownish		
Consistency	Semi Solid		
Blood	Absent	Absent	
Mucous	Absent	Absent	
Parasites	Not Detected	Absent	
Reaction	ACIDIC		

Microscopic Examination

Pus Cells	Not Detected	/HPF	Absent
Red Cells	Not Detected	/HPF	Absent
Macrophages	Not detected		Absent
Epithelial Cells	Not Detected	/HPF	
Starch Granules	Absent		
Neutral Fat	Absent		
Yeast	Not Detected		Absent

By Direct Saline and Iodine wet mount

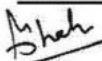
Trophozoites	Not Detected		Absent
Ova	Not Detected		Absent
Cysts	Not Detected		Absent

Chemical Test

Occult Blood	Negative	Negative
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Biochemical

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



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M.D. (Path. & Bact.)

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LABORATORY REPORT



Name : **ALIVA ANWESH MISHAR** Sex/Age : **Female/ 39 Years** Case ID : **30202200231**
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **2553009**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 11-Feb-2023 09:42	Sample Type : Spot Urine	Mobile No :
Sample Date and Time : 11-Feb-2023 09:42	Sample Coll. By :	Ref Id1 : OO223070
Report Date and Time : 11-Feb-2023 10:52	Acc. Remarks : Normal	Ref Id2 : O22238845

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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URINE EXAMINATION (STRIP METHOD AND FLOWCYTOMETRY)

Physical examination

Colour **Pale yellow**
 Transparency **Clear**

Chemical Examination By Sysmex UC-3500

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

Flowcytometric Examination By Sysmex UF-5000

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

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

Manoj Shah

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 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **2553009**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 11-Feb-2023 09:42 Sample Type : **Spot Urine** Mobile No :
 Sample Date and Time : 11-Feb-2023 09:42 Sample Coll. By : Ref Id1 : **OO223070**
 Report Date and Time : 11-Feb-2023 10:52 Acc. Remarks : **Normal** Ref Id2 : **O22238845**

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	-	-	-	-	-

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

Manoj Shah

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Name : **ALIVA ANWESH MISHAR** Sex/Age : **Female/ 39 Years** Case ID : **30202200231**
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **2553009**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 11-Feb-2023 09:42	Sample Type : Plasma Fluoride F, Plasma Fluoride PP	Mobile No :
Sample Date and Time : 11-Feb-2023 09:42	Sample Coll. By :	Ref Id1 : OO223070
Report Date and Time : 11-Feb-2023 14:20	Acc. Remarks : Normal	Ref Id2 : O22238845
TEST	RESULTS UNIT	BIOLOGICAL REF RANGE REMARKS

BIOCHEMICAL INVESTIGATIONS

Biochemical Investigations by Dimension EXL (Siemens)

Plasma Glucose - F	H	106.09	mg/dL	70.0 - 100
Plasma Glucose - PP		93.04	mg/dL	70.0 - 140.0

Reference range has been changed as per recent guidelines of ISPAD 2018.
 <100 mg/dL : Normal level
 100-<126 mg/dL: Impaired fasting glucoseer guidelines
 >=126 mg/dL: Probability of Diabetes, Confirm as per guidelines

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

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LABORATORY REPORT



Name : **ALIVA ANWESH MISHAR** Sex/Age : **Female/ 39 Years** Case ID : **30202200231**
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **2553009**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 11-Feb-2023 09:42	Sample Type : Serum	Mobile No :
Sample Date and Time : 11-Feb-2023 09:42	Sample Coll. By :	Ref Id1 : OO223070
Report Date and Time : 11-Feb-2023 14:19	Acc. Remarks : Normal	Ref Id2 : O22238845

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol	135.11	mg/dL	110 - 200
HDL Cholesterol	L 46.4	mg/dL	48 - 77
Triglyceride	103.79	mg/dL	40 - 200
VDL <i>Calculated</i>	20.76	mg/dL	10 - 40
Chol/HDL <i>Calculated</i>	2.91		0 - 4.1
LDL Cholesterol <i>Calculated</i>	67.95	mg/dL	65 - 100

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 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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 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **2553009**
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : 11-Feb-2023 09:42	Sample Type : Serum	Mobile No :
Sample Date and Time : 11-Feb-2023 09:42	Sample Coll. By :	Ref Id1 : OO223070
Report Date and Time : 11-Feb-2023 14:19	Acc. Remarks : Normal	Ref Id2 : O22238845

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Liver Function Test

S.G.P.T.	23.18	U/L	0 - 31
S.G.O.T.	19.59	U/L	15 - 37
Alkaline Phosphatase	101.69	U/L	35 - 105
Gamma Glutamyl Transferase	13.94	U/L	5 - 36
Proteins (Total)	7.39	gm/dL	6.4 - 8.2
Albumin	4.54	gm/dL	3.4 - 5
Globulin <i>Calculated</i>	2.85	gm/dL	2 - 4.1
A/G Ratio <i>Calculated</i>	1.6		1.0 - 2.1
Bilirubin Total	0.56	mg/dL	0.2 - 1.0
Bilirubin Conjugated	0.19	mg/dL	
Bilirubin Unconjugated <i>Calculated</i>	0.37	mg/dL	0 - 0.8

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

Shah

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Ref.By : AASHKA HOSPITAL Dis. At : Pt. ID : 2553009
Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 11-Feb-2023 09:42 Sample Type : Serum Mobile No :
Sample Date and Time : 11-Feb-2023 09:42 Sample Coll. By : Ref Id1 : O0223070
Report Date and Time : 11-Feb-2023 14:18 Acc. Remarks : Normal Ref Id2 : O22238845

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BUN (Blood Urea Nitrogen) <small>GLDH</small>	7.3	mg/dL	6.00 - 20.00	
Creatinine	0.76	mg/dL	0.50 - 1.50	
Uric Acid	5.71	mg/dL	2.6 - 6.2	

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

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LABORATORY REPORT



Name : **ALIVA ANWESH MISHAR** Sex/Age : **Female/ 39 Years** Case ID : **30202200231**
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **2553009**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 11-Feb-2023 09:42	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 11-Feb-2023 09:42	Sample Coll. By :	Ref Id1 : OO223070
Report Date and Time : 11-Feb-2023 10:49	Acc. Remarks : Normal	Ref Id2 : O22238845

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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Glycated Haemoglobin Estimation

HbA1C	5.16		% of total Hb <5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	101.39	mg/dL		

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

Interpretation :

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

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

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LABORATORY REPORT



Name : **ALIVA ANWESH MISHAR** Sex/Age : **Female/ 39 Years** Case ID : **30202200231**
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **2553009**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 11-Feb-2023 09:42	Sample Type : Serum	Mobile No :
Sample Date and Time : 11-Feb-2023 09:42	Sample Coll. By :	Ref Id1 : OO223070
Report Date and Time : 11-Feb-2023 11:24	Acc. Remarks : Normal	Ref Id2 : O22238845

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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Thyroid Function Test

Triiodothyronine (T3)	98.42	ng/dL	70 - 204	
Thyroxine (T4) CMIA	6.6	ng/dL	5.5 - 11.0	
TSH CMIA	H 4.817	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)

Shah

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LABORATORY REPORT



Name : **ALIVA ANWESH MISHAR** Sex/Age : **Female/ 39 Years** Case ID : **30202200231**
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **2553009**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 11-Feb-2023 09:42	Sample Type : Serum	Mobile No :
Sample Date and Time : 11-Feb-2023 09:42	Sample Coll. By :	Ref Id1 : OO223070
Report Date and Time : 11-Feb-2023 11:24	Acc. Remarks : Normal	Ref Id2 : O22238845

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/↑	↓

----- 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)

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