



ભારત સરકાર  
Government of India

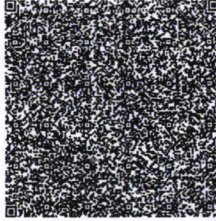
ભારતીય વિશિષ્ટ ઓળખાણ પ્રાધિકરણ  
Unique Identification Authority of India

નામોંકન ક્રમ સંખ્યા/ Enrolment No.: 2906/07140/02524

To  
વસાવા ચંદ્રમણીબેન વિનોદચંદ  
Vasava Chandramaniben Vinodchandra  
W/O: Vinodchandra  
A82  
Shree ambika niketan society  
near maneja Crossing  
maneja  
Vadodara  
Vadodara Gujarat - 390013  
9099222658

Signature Not Verified

Digitally signed by AS  
UNIQUE IDENTIFICATION  
AUTHORITY OF INDIA 04  
Date: 2022.05.24 11:12:34  
UTC



તમારો આધાર નંબર / Your Aadhaar No. :

**8421 3923 1973**

VID : 9150 2297 0419 3452

મારો આધાર, મારી ઓળખ



ભારત સરકાર  
Government of India



Issue Date: 21/04/2015



વસાવા ચંદ્રમણીબેન વિનોદચંદ  
Vasava Chandramaniben Vinodchandra  
જન્મ તારીખ/DOB: 07/10/1976  
સ્ત્રી/ FEMALE

**8421 3923 1973**

VID : 9150 2297 0419 3452

મારો આધાર, મારી ઓળખ



Government of India



નિર્દેશ

- આધાર ઓળખાણનું પ્રમાણ છે. નાગરીકતાનું નહીં
- ઓળખ ચકાસવા માટે સુરક્ષિત QR કોડ / ઓફલાઇન XML / ઓનલાઇન પ્રમાણીકરણનો ઉપયોગ કરવો.
- આ ઇલેક્ટ્રોનિક પ્રક્રિયા દ્વારા બનાવેલા દસ્તાવેજ છે.

### INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
- Verify identity using Secure QR Code/ Offline XML/ Online Authentication.
- This is electronically generated letter.

- આધાર સમગ્ર દેશમાં માન્ય છે.
- આધાર તમને વિવિધ સરકારી અને બિન-સરકારી સેવાઓને સરળતાથી મેળવવામાં મદદ કરે છે.
- તમારા મોબાઇલ નંબર અને ઈમેઇલ આઈડીને આધારમાં અપડેટ કરો.
- તમારા સ્માર્ટ ફોનમાં આધાર રાખો - એમઆધાર એપ્લિકેશનનો ઉપયોગ કરો.

- Aadhaar is valid throughout the country.
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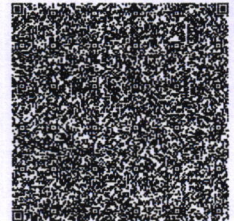
ભારતીય વિશિષ્ટ ઓળખાણ પ્રાધિકરણ  
Unique Identification Authority of India



સરનામું :  
ની પત્ની: વિનોદચંદ, એ82, શ્રી અંબિકા નીકેતાન એસોસિયેટી,  
માણેજા ક્રોસિંગ પાસે, માણેજા, વડોદરા, વડોદરા,  
ગુજરાત - 390013

Address:  
W/O: Vinodchandra, A82, Shree ambika  
niketan society, near maneja Crossing,  
maneja, Vadodara, Vadodara,  
Gujarat - 390013

Download Date: 24/05/2022



**8421 3923 1973**

VID : 9150 2297 0419 3452

1947 | help@uidai.gov.in | www.uidai.gov.in



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	CHANDRAMANIBEN VINODCHANDRAVASAVA
DATE OF BIRTH	07-10-1976
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	25-02-2023
BOOKING REFERENCE NO.	22M49930100041190S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. VASAVA VINODCHANDRA PURUSHOTTAMDAS
EMPLOYEE EC NO.	49930
EMPLOYEE DESIGNATION	SPECIAL ASSISTANT
EMPLOYEE PLACE OF WORK	BAJWA
EMPLOYEE BIRTHDATE	24-11-1969

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 **09-02-2023** 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'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))

Mail

Calendar

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Junk Email [1]

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MADHU

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**Fw: Health Check up Booking Request(bobS28726), Beneficiary Code-1716**

Vinodchandra Purushottamdas Vasava [vinodchandra.vasava69@yahoo.com]

To help protect your privacy, some content in this message has been blocked. If you're sure this message is from a trusted sender and you want to re-enable the blocked features, click here.

Sent: 24 February 2023 13:58

To: BAJWA

**\*\*सावधान: यह मेल बैंक डोमेन के बाहर से आया है, अगर आप प्रेषक को नहीं जानते तो मेल में दी गयी लिंक पर क्लिक ना करें या अटैचमेंट ना खोलें.**

**\*\*CAUTION: THIS MAIL IS ORIGINATED FROM OUTSIDE OF THE BANK'S DOMAIN. DO NOT CLICK ON LINKS OR OPEN ATTACHMENTS UNLESS YOU KNOW THE SENDER.**

Sent from Yahoo Mail on Android

----- Forwarded message -----

From: "Mediwheel" &lt;wellness@mediwheel.in&gt;

To: "vinodchandra.vasava69@yahoo.com" &lt;vinodchandra.vasava69@yahoo.com&gt;

Cc: "mediwheelwellness@gmail.com" &lt;mediwheelwellness@gmail.com&gt;

Sent: Thu, 9 Feb 2023 at 12:21

Subject: Health Check up Booking Request(bobS28726), Beneficiary Code-1716

**011-41195959****Email:wellness@mediwheel.in**Dear **Chandramani v vasava,**

Thanks for booking Health Checkup and we have required following document for confirmation of booking health checkup.

1. HRM Letter

Please note following instruction for HRM letter.

1. For generating permission letter for cashless health check-up in the HR Connect, the path to be followed is given below:

a) Employee Self Service-&gt; Reimbursement-&gt; Reimbursement application -&gt;Add New value - &gt;Reimbursement Type: Mandatory Health Check-up â€" Click Add

b) Select Financial Year 2022-23, Self or Spouse, Claim Type - Cashless and Submit

c) After submission, click print button to generate Permission Letter

**Booking Date** : 09-02-2023**Health Check up Name** : Medi-Wheel Full Body Health Checkup Female Above 40**Name of Diagnostic/Hospital** : Savita Superspeciality Hospital**Address of Diagnostic/Hospital** : Parivar Char Rasta, Dabhoi - Waghodia Ring Rd, Sarthi Nagar 2, Kendranagar,**Appointment Date** : 25-02-2023**Preferred Time** : 8:00am-9:00am

Member Information			
Booked Member Name	Age	Gender	Cost(In INR)
Chandramani v vasava	45	Female	Cashless
<b>Total amount to be paid</b>			<b>Cashless</b>

We will get back to you with confirmation update shortly. Please find the package details as attached for your reference.

**Package Name** : Medi-Wheel Full Body Health Checkup Female Above 40 - Includes (37 )Tests

Tests included in this : Ecg, TSH, X-ray Chest, Stress Test (tmt)/ 2d Echo, Blood Sugar Postprandial, A:g Ratio,



## PHYSICIAN EXAMINATION

<b>Name :</b>	<b>CHANDRAMANIBEN VASAVA</b>	<b>Age :</b>	<b>47/FEMALE</b>
<b>Reg.No :</b>	<b>20230208613</b>	<b>DOE :</b>	<b>25/02/2023</b>

### Physical Examination:

<b>Height:</b>	<b>154CM</b>	<b>Weight:</b>	<b>72</b>	<b>PULSE:</b>	<b>74</b>	<b>Temperature:</b>	<b>NORMAL</b>
			<b>KG</b>				

<b>BMI :</b>	<b>30.3</b>	<b>BP :</b>	<b>124/74</b>	<b>SPO2</b>	<b>98%</b>
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<b>Chief Complaint :</b>	<b>HEADACHE</b>
<b>Past History :</b>	<b>NAD</b>
<b>General Examination :</b>	<b>NAD</b>
<b>Systemic Examination :</b>	<b>NAD</b>
<b>INVESTIGATION :</b>	<b>NAD</b>
<b>ADVICE :</b>	<b>T. SUPRADYN 1-0-0 FOR 21 DAYS</b> <b>CONTINUE FOR HEADACHE</b>

**DR. SAURABH JAIN**







### Examination By Ophthalmologist

Name :	CHANDRAMANIBEN VASAVA	Age :	47/FEMALE
Reg.No :	20230208613	DOE :	25/02/2023
Present Complaints :	NAD		
Medical History :	NAD		
Examination Of Eye :	NAD		

External Examination :	WNL	WNL
Ati Seg Examination :	WNL	WNL
Schiotz Tonometry IOP :	WNL	WNL
Fundus :		

Without Glass	Distant Vision :	
	Near Vision :	
With Glass	Distant Vision :6/6WITH -1.0/0.75/120	6/6WITH -0.50DSPH
	Near Vision :N6WITH+1.5 0DSPH	N6WITH +1.50DSPH
Colour Vision (With Ishihara Chart) :	WNL	
Advice :	ADD BIFOCAL	



**DR CHETAN CHAUHAN**



### Examination by GYNAECOLOGIST

Name:	CHANDRAMANIBEN VASAVA	Age:	47/FEMALE
Reg.No:	20230208613	DOE:	25/02/2023

Presenting Complaint:	NO COMPLAINTS

Medical History :	
M/H:	SURGICAL MENOPAUSAL 18YEARS BACK HYSTERECTOMY
O/H:	G1,P1,L1,A0,E0 F /19 Y FTLSCS
OTHER:	NAD

EXAMINATION:	
P/A:	NAD
P/S:	NAD
P/V:	NAD

IMPRESSION:	NAD
ADVICE:	MEMMOGRAPHY, SONOGRAPHY OF B/L BREAST







**EXAMINATION BY DENTAL**

<b>Name :</b>	CHANDRAMANIBEN VASAVA	<b>Age/Sex:</b>	47/FEMALE
<b>Reg No :</b>	20230208613	<b>DOE:</b>	25/02/23

<b>Presenting Complaint :</b>	NO ROUTINE CHEK UP
-------------------------------	--------------------

<b>Medical History :</b>	NAD
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<b>Examination :</b>	DEEP CROWN IRT CALCULUS ++,STAIN +	<table border="1"><tr><td>8</td></tr><tr><td>8</td></tr></table>	8	8	ROOT STAMP IRT	<table border="1"><tr><td>7</td></tr><tr><td></td></tr></table>	7	
8								
8								
7								

<b>Impression :</b>	NAD
---------------------	-----

<b>Advice :</b>	EXTRACTION IN	<table border="1"><tr><td>7</td><td>8</td></tr><tr><td></td><td>8</td></tr></table>	7	8		8	SCALING AND POLIDHING
7	8						
	8						

**DR RUSDA MALEK**






# Savita

**Superspeciality Hospital**  
(A Unit of Solace Healthcare Pvt. Ltd.)

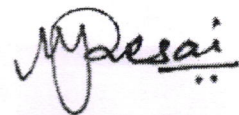
Parivar Char Rasta, Waghodia-Dabhoi Ring Road, Vadodara-390019

☎ 0265-2578844 / 2578849 ✉ mh@savitahospital.com 🌐 savitahospital.com

<b>Patient Name :</b> Chandramaniben Vinodchandra Vasava	<b>Sample No. :</b> 20230215388 
<b>Patient ID :</b> 20230208613	<b>Visit No. :</b> OPD20230225711
<b>Age / Sex :</b> 47y/Female	<b>Coll. Date :</b> 25/02/2023 08:38
<b>Consultant :</b> DR SAURABH JAIN	<b>S. Coll. Date :</b> 25/02/2023 10:21
<b>Ward :</b> -	<b>Report Date :</b> 25/02/2023 13:26

## CBC, ESR


Investigation	Result	Normal Value
Hemoglobin :	11.4 gm/dl [L]	12.5 to 16.0 gm/dl
P.C.V. :	37.1 %	37.0 to 47.0 %
M.C.V. :	70.4 fL [L]	78 to 100 fL
M.C.H. :	21.6 pg [L]	27 to 31 pg
M.C.H.C. :	30.7 g/dl [L]	32 to 36 g/dl
RDW :	12.2 %	11.5 to 14.0 %
RBC Count :	5.27 X 10 <sup>6</sup> / cumm	4.2 to 5.4 X 10 <sup>6</sup> / cumm
Polymorphs :	56 %	38 to 70 %
Lymphocytes :	40 %	15 to 48 %
Eosinophils :	2 %	0 to 6 %
Monocytes :	2 % [L]	3 to 11 %
Basophils :	0 %	0.0 to 1.0 %
Total :	100	< 100 > 100
WBC Count :	5500 /cmm	4000 to 10000 /cmm
Platelets Count :	197000 /cmm	1,50,000 to 4,50,000 /cmm
ESR - After One Hour :	10 mm/hr	1 to 20 mm/hr



**Dr. Mehul Desai**  
**M.B.D.C.P**  
**Reg.No.G-9521**





<b>Patient Name :</b> Chandramaniben Vinodchandra Vasava	<b>Sample No. :</b> 20230215388 
<b>Patient ID :</b> 20230208613	<b>Visit No. :</b> OPD20230225711
<b>Age / Sex :</b> 47y/Female	<b>Coll. Date :</b> 25/02/2023 08:38
<b>Consultant :</b> DR SAURABH JAIN	<b>S. Coll. Date :</b> 25/02/2023 10:21
<b>Ward :</b> -	<b>Report Date :</b> 25/02/2023 13:26

### Blood Group

Investigation	Result	Normal Value
<b>BLOOD GROUP :</b>		
<b>ABO</b>	O	
<b>Rh</b>	Positive	

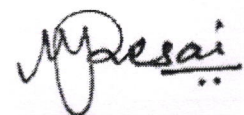
### HBA1C

Investigation	Result	Normal Value
Glycosylated Hb :	5.9 %	Near Normal Glycemia : 6 to 7 Excellent Control : 7 to 8 Good Control : 8 to 9 Fair Control : 9 to 10 Poor Control : > 10

Average Plasma Glucose of Last 3 Months : 122.63


### FBS & PPBS

Investigation	Result	Normal Value
Blood Sugar (FBS) :	96 mg/dl	74 - 100 mg/dl
Urine Sugar ( FUS ) :	Nil	
Blood Sugar (PP2BS) :	137 mg/dl [H]	70 to 120 mg/dl
Urine Sugar ( PP2US ) :	Nil	



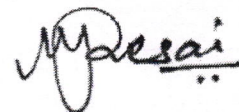
**Dr. Mehul Desai**  
**M.B.D.C.P**  
**Reg.No.G-9521**



<b>Patient Name :</b>	Chandramaniben Vinodchandra Vasava	<b>Sample No. :</b>	20230215388
<b>Patient ID :</b>	20230208613		
<b>Age / Sex :</b>	47y/Female	<b>Visit No. :</b>	OPD20230225711
<b>Consultant :</b>	DR SAURABH JAIN	<b>Coll. Date :</b>	25/02/2023 08:38
<b>Ward :</b>	-	<b>S. Coll. Date :</b>	25/02/2023 10:21
		<b>Report Date :</b>	25/02/2023 13:26

### LFT (Liver Function Test)


Investigation	Result	Normal Value
Total Bilirubin :	0.6 mg/dl	0.2 to 1.0 mg/dl
Direct Bilirubin :	0.2 mg/dl	0.0 to 0.2 mg/dl
Indirect Bilirubin :	0.4 mg/dl	0.0 to 0.8 mg/dl
AST (SGOT) :	22 U/L	5 to 34 U/L
ALT (SGPT) :	34 U/L	0 to 55 U/L
Total Protein (TP) :	6.9 g/dL	6.4 to 8.3, g/dl
Albumin (ALB) :	4 g/dl	3.5 to 5.2 g/dl
Globulin :	2.9 g/dl	2.3 to 3.5 g/dl
A/G Ratio :	1.38	
Alkaline Phosphatase (ALP) :	83 U/L	40 to 150 U/L
GAMMA GT. :	16 U/L	7 to 35 U/L



**Dr. Mehul Desai**  
**M.B.D.C.P**  
**Reg.No.G-9521**

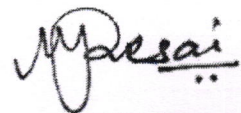




<b>Patient Name :</b>	Chandramaniben Vinodchandra Vasava	<b>Sample No. :</b>	20230215388 
<b>Patient ID :</b>	20230208613	<b>Visit No. :</b>	OPD20230225711
<b>Age / Sex :</b>	47y/Female	<b>Coll. Date :</b>	25/02/2023 08:38
<b>Consultant :</b>	DR SAURABH JAIN	<b>S. Coll. Date :</b>	25/02/2023 10:21
<b>Ward :</b>	-	<b>Report Date :</b>	25/02/2023 13:26


### RENAL FUNCTION TEST

Investigation	Result	Normal Value
Creatinine :	0.6 mg/dl	0.6 - 1.4 mg/dl
Urea :	11 mg/dl	13 - 45 mg/dl
Uric Acid :	3.2 mg/dl	3.5 - 7.2 mg/dl
Calcium :	7.9 mg/dl	8.5 - 10.5
Phosphorus :	4 mg/dl	1.5 - 6.8



**Dr. Mehul Desai**  
**M.B.D.C.P**  
**Reg.No.G-9521**



<b>Patient Name :</b>	Chandramaniben Vinodchandra Vasava	<b>Sample No. :</b>	20230215388 
<b>Patient ID :</b>	20230208613	<b>Visit No. :</b>	OPD20230225711
<b>Age / Sex :</b>	47y/Female	<b>Coll. Date :</b>	25/02/2023 08:38
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<b>Ward :</b>	-	<b>Report Date :</b>	25/02/2023 13:26

### Lipid Profile

Investigation	Result	Normal Value
Sample :	Fasting	
Sample Type :	Normal	
Cholesterol (Chol) :	179 mg/dl	Low risk : < 200 Moderate risk : 200 - 239 High risk : > or = 240
Triglyceride :	60 mg/dl	Normal : < 200.0 High : 200 - 499 Very High : > or = 500
HDL Cholesterol :	56 mg/dl	Low risk: >or = 60 mg/dL High risk : Up to 35 mg/dL
LDL :	<b>111 mg/dl [L]</b>	131.0 to 159.0(N) < 130.0(L) > 159.0(H)
VLDL :	12 mg/dl	Up to 0 to 34 mg/dl
LDL/HDL Ratio :	1.98	Low risk : 0.5 to 3.0 Moderate risk : 3.0 to 6.0 Elevted level high > 6.0
Total Chol / HDL Ratio :	3.2	Low Risk : 3.3 to 4.4 Average Risk : 4.4 to 7.1 Moderate Risk : 7.1 to 11.0 High Risk : > 11.0
Total Lipids :	595 mg/dl	400 to 700 mg/dl


**Note :-** Lipemic samples give high triglyceride value and falsely low LDL value.



**Dr. Mehul Desai**  
**M.B.D.C.P**  
**Reg.No.G-9521**

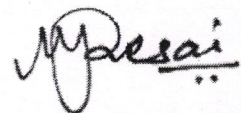




<b>Patient Name :</b>	Chandramaniben Vinodchandra Vasava	<b>Sample No. :</b>	20230215388 
<b>Patient ID :</b>	20230208613	<b>Visit No. :</b>	OPD20230225711
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<b>Ward :</b>	-	<b>Report Date :</b>	25/02/2023 13:26

### Urine R/M

Investigation	Result	Normal Value
Quantity - :	20 ml	
Colour - :	Straw	
Reaction (pH) :	6.0	4.6-8.0
Turbidity :	Clear	
Deposit :	Absent	Absent
Sp.Gravity :	1.005	1.005-1.010
Protein :	Absent	Absent
Glucose :	Absent	Absent
Bile Salts :	Absent	Absent
Bile pigments :	Absent	Absent
Ketones :	Absent	Absent
Urobilinogen :	Absent	
Blood :	Absent	Absent
Pus Cells :	Absent /hpf	0-5/hpf
Red Blood Cells :	Absent /hpf	Absent
Epithelial Cells :	0-1 /hpf	



**Dr.Mehul Desai**  
**M.B.D.C.P**  
**Reg.No.G-9521**



Unipath Specialty Laboratory (Baroda) LLP- Platinum Complex, Opp. HDFC Bank, Nr. Radha Krishna char rasta, Akota, Vadodara - 390020  
Mobile: 7228800500 / 8155028222 | Email: info.baroda@unipathilp.in



## TEST REPORT

<b>Reg. No.</b> : 30201013086	<b>Reg. Date</b> : 25-Feb-2023 12:36	<b>Collected On</b> : 25-Feb-2023 12:36
<b>Name</b> : Ms. CHANDRAMANIBEN VASAVA		<b>Approved On</b> : 25-Feb-2023 13:22
<b>Age</b> : 47 Years	<b>Gender</b> : Female	<b>Dispatch At</b> :
<b>Ref. No.</b> :		<b>Tele No.</b> :
<b>Location</b> : SAVITA SUPERSPECIALTY HOSPITAL @ WAGHODIYA ROAD		

Test Name	Results	Units	Bio. Ref. Interval
<b>THYROID FUNCTION TEST</b>			
T3 (triiodothyronine) <i>Method:CLIA</i>	1.43	ng/mL	0.6 - 1.81
T4 (Thyroxine) <i>Method:CLIA</i>	9.40	µg/dL	4.5 - 12.6
TSH ( ultra sensitive) <i>Method:CLIA</i>	2.354	µIU/mL	0.55 - 4.78
Sample Type:Serum			

**Comments:**

Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulate the thyroid gland to synthesize and secrete T3 and T4. Quantification of TSH is significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

**TSH levels During Pregnancy :**

- First Trimester : 0.1 to 2.5 µIU/mL
- Second Trimester : 0.2 to 3.0 µIU/mL
- Third trimester : 0.3 to 3.0 µIU/mL

Reference : Carl A.Burtis,Edward R.Ashwood,David E.Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Eddition. Philadelphia: WB Saunders,2012:2170

----- End Of Report -----

This is an electronically authenticated report.

Test done from collected sample.

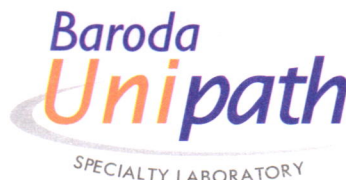
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**Dr. Vishal Jhaveri**  
M.B.B.S, D.C.P  
Reg. G-13041

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LLP Identification Number: AAN-89





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Mobile: 7228800500 / 8155028222 | Email: info.baroda@unipathllp.in



## TEST REPORT

Reg. No. : 30201013084      Reg. Date : 25-Feb-2023 12:35      Collected On : 25-Feb-2023 12:35  
Name : Ms. CHANDRA NANDWANI      Approved On : 25-Feb-2023 13:24  
Age : 77 Years      Gender : Female      Ref. No. :      Dispatch At :  
Ref. By :      Tele No. :  
Location : SAVITA SUPERSPECIALTY HOSPITAL @ WAGHODIYA ROAD

Test Name	Results	Units	Bio. Ref. Interval
<b>VITAMIN D</b>			
25 OH Vitamin D Total	17.0	ng/mL	Deficiency : <10 Insufficiency : 10 - 30 Sufficiency : 30 - 100 Toxicity : >100

Method:CLIA

**Note:**

Vitamin D is a fat soluble hormone involved in the intestinal absorption and deregulation of calcium. It is synthesized by skin when sunlight strikes bare skin. It can also be ingested from animal sources. Vitamin D is bound to the binding protein (albumin and vitamin D binding protein) and carried to the liver. In the liver it is transformed in to 25 hydroxy-vitamin D (calcidiol), which is the primary circulating and the most commonly measured form in serum. Then in the kidney it is transformed in to 1,25 dihydroxy-vitamin D (calcitriol), which is the biologically active form. Vitamin D plays a vital role in the formation and maintenance of strong and healthy bones. Vitamin D deficiency has long been associated with rickets in children and osteomalacia in adults. Long term insufficiency of calcium and vitamin D leads to osteoporosis. There have been multiple publications linking vitamin D deficiency to several disease states, such as cancer, cardiovascular disease, diabetes, and autoimmune diseases.

### VITAMIN B12

VITAMIN B12      709      pg/mL      211 - 911

Method:CLIA

Sample Type:Serum

**Note:**

Dietary sources of Vitamin B12 are meat, eggs, milk and milk products. Vitamin B12 requires intrinsic factor for absorption from intestine. B12 deficiency causes hematological and neurological abnormalities. Decreased serum B12 levels causes increased excretion of methylmalonic acid. The impaired DNA synthesis associated with Vitamin B12 deficiency causes macrocytic anemias. In sever is characterized by abnormal maturation of erythrocyte, myeloid precursors and megakaryocytes in the bone marrow, which results in the pancytopenia. Withhold Vitamin B12 injection before the blood is drawn. Blood collected after Vitamin B12 Injection interfere with result. Preservatives such as fluorides & ascorbic acid interfere with this assay. Excessive exposure of the specimen to light may alter Vitamin B12 result. To differentiate vitamin B12 & folate deficiency, measurement of Methyl malonic acid in urine & serum Homocysteine level is suggested.

----- End Of Report -----

This is an electronically authenticated report.

Test done from collected sample.

Printed On: 25-Feb-2023 13:25

**Dr. Ankit Jhaveri**  
MD Pathology  
Reg. G-15471

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LLP Identification Number: AAN-8932



47 Years

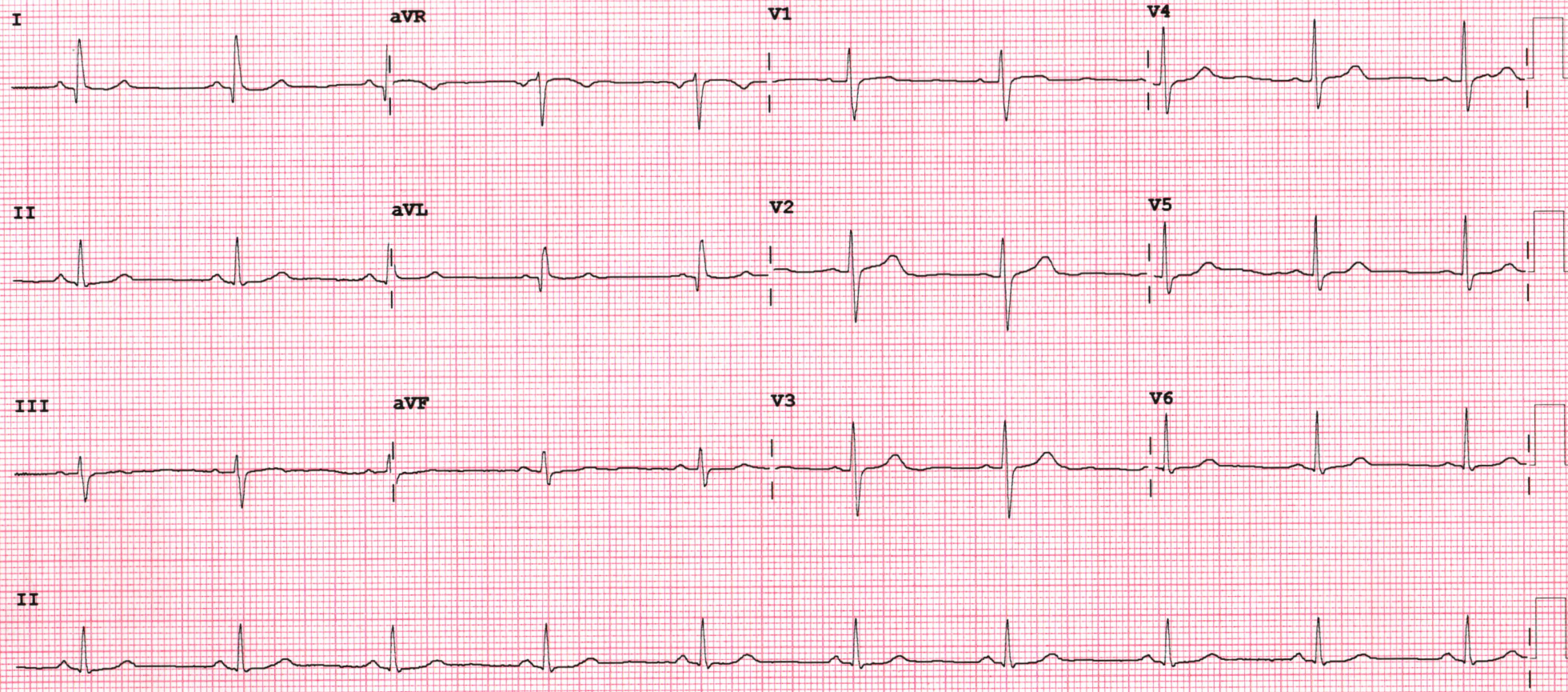
Female

Rate 59  
 PR 156  
 QRSD 92  
 QT 404  
 QTc 401

--AXIS--

P 39  
 QRS 8  
 T 24

12 Lead; Standard Placement



Device:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

F 50~ 0.50-150 Hz W

PH09

P?





# Savita

**Superspeciality Hospital**  
(A Unit of Solace Healthcare Pvt. Ltd.)

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## 2D ECHO & COLOUR DOPPLER REPORT

**Name :** Chandramani Vasava **Age/sex:**47 /female **Date :**25/2/23

**Ref by :** Dr Saurabh Jain

### Observations :

Normal LV size & normal systolic function. LVEF 60% ( Visual )

No RWMA.

LV diastolic dysfunction grade 2 .

Mild MR. No MS.

No AR. No AS.

Trivial TR. Mild PAH. PASP = 39 mmHg.

Normal sized LA, RA & RV with normal RV systolic function.

Normal MPA. Intact IAS & IVS.

No intracardiac clot & vegetation.

No PDA & Coarctation.

Normal pericardium , no pericardial effusion.

IVC normal.

AO: 24 mm LA:35mm IVS:11/15 mm PW:10/16 mm LVID: 39/27mm

### Conclusion :

**Normal LV & RV systolic function. LVEF 60 % (visual)**

**No RWMA.**

**Mild MR. Mild PAH.**

**Dr Chirag Sheth**

**MD, DM. (CARDIOLOGY)**

**Dr. Krishnakant Sharma**

**MD, DNB. (CARDIOLOGY)**



**Dr. Nirav Bhalani.**

**MD, DNB. (CARDIOLOGY)**



Patient name	CHANDRAMANI VASAVA
Age / Sex	47 Y/F
Date	Saturday, 25 February 2023

### ULTRASOUND OF ABDOMEN

**LIVER** appears normal in size and shows normal parenchymal echogenicity. No evidence of focal lesion. No evidence of dilated IHBR or portal vein. CBD appears normal.

**GALL BLADDER** is distended. No evidence of abnormal wall thickening or any significant calculus within.

**PANCREAS** appears normal. MPD is WNL

**SPLEEN** appears normal in size and shows normal parenchymal echogenicity. No evidence of focal lesion.

**BOTH KIDNEYS** appear normal in size, shape and position.  
Show normal cortical echogenicity. Corticomedullary differentiation is maintained.  
No evidence of calculus or hydronephrosis on either side.

**URINARY BLADDER** is partially full. No evidence of abnormal wall thickening or any significant calculus within.

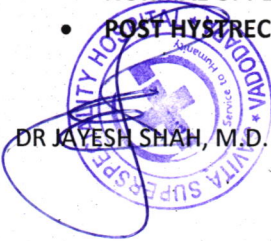
**Post hysterectomy pelvis** shows left ovarian cyst of about 5.8x3.7cms.

**BOWEL LOOPS** appear normal and show normal peristalsis  
No evidence of LYMPHADENOPATHY noted.  
No evidence of ASCITES noted.

### IMPRESSION:

- NORMAL UPPER ABDOMEN AND URINARY TRACT.
- POST HYSTRECTOMY PELVIS SHOWS LEFT CLEAR OVARIAN CYST.

DR JAYESH SHAH, M.D.







**Saturday, February 25, 2023**  
**CHANDRAMANBEN VASAVA**  
**FEMALE/ 47 YEAR**

**CHEST X RAY PA VIEW**

Both the lung fields appear normal.

Both costophrenic angles appear clear.

Cardiac silhouette appear normal.

Both hila appears normal.

Mediastinum and aorta appear normal.

Bony thorax appears normal.

No evidence of free gas seen under dome of diaphragm.

**COMMENTS:**

- **NORMAL BOTH LUNG FIELDS.**
- **NORMAL CARDIAC SIZE.**

**Dr Jayesh Shah, M.D**

