

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/पित 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 केविवरण
KAUSHALKUMAR JAYANTILALNIJANANDI
01-10-1991
31-10-2023
23D102598100072624S
पत्नी/पति केविवरण
MS. TITISARA SEJALBAHEN KAUSHIKBHAI
102598
CREDIT
MODASA,MEGHRAJ ROAD
02-10-1990

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ौदा के कर्मचारी आईडी कार्ड की प्रित के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक 19-10-2023 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/पित 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।)



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	KAUSHALKUMAR JAYANTILALNIJANANDI
DATE OF BIRTH	01-10-1991
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	31-10-2023
BOOKING REFERENCE NO.	23D102598100072624S
	SPOUSE DETAILS
EMPLOYEE NAME	MS. TITISARA SEJALBAHEN KAUSHIKBHAI
EMPLOYEE EC NO.	102598
EMPLOYEE DESIGNATION	CREDIT
EMPLOYEE PLACE OF WORK	MODASA,MEGHRAJ ROAD
EMPLOYEE BIRTHDATE	02-10-1990

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 19-10-2023 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))





नाम सेजलबेन कौशिकभाई टीटीसरा Name SEJALBEN KAUSHIKBHAI TITISARA

नर्गधारी कुर क.

E.C. No. 102598

मरिकर्ता पाधिकारी lestring Authority



doca

भारक के हरताक्षर

Signature of Holder.

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



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

UHID:		Date:	31/10/23 T	ime:	
Patient Name:	Kerusherl	ky niel r			
hief Complain:					
History:	Routine	d'auta!	check	up	
	5				
Allergy History:					
Nutritional Scree	ening: Well-Nourishe	d / Malnourished	/ Obese		
amination:					
Extra oral :					
Intra oral – Teeth	Present:	cein +++			
	Co	ploxels +			
Teeth	Absent :				
Diagnosis:					

Rx						
No	Dosage Form	Name of drug (IN BLOCK LETTERS ONLY)	Dose	Route	Frequency	Duration
Other	Advice:	seling				
Follow-						
Consult	ant's Sign	: Lejan	To .			

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



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

UHID:	Date: 31/10/23 Time:
Patient Name: KAUSHALAUMUN J.NT	JAN AP DI Age /Sex:
	Height:
\sim	Weight:
History:	
<u></u>	
12 who chup un.	
Allergy History:	
Nutritional Screening: Well-Nourished / Maln	ourished / Obese
Examination:	
D.V. 2 6112 D.V. 2 6112 D.V. 2 6112 D.V. 2 6112	
CIIX	÷
J2 2619	
W. V. 2 G16	
GIL	
	. 1
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Colum Som	nen.
Diagnosis:	

Rx											
No	Dosage Form		(IN BLC	lame of	drug ERS ONI	LY)		Dose	Route	Frequency	Duration
9									-		
						1199					
7				720000							
					-	-					
						2000					
Eye ex	amination	:									
					RIGHT			LEFT			
				S	С	Α	S	С	Α		
			D								
			N								
Other	Advice:										
									r.		z.
-ollow-	up:									3	
Consult	ant's Sign:				<u> </u>						

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



DR. PRERAK TRIVEDI M.D., IDCCM CRITICAL CARE MEDICINE REG.NO.G-59493

	UHID:	Date: 21/10/22 Time: 61/10	
	Patient Name: Kaushal kuma Age /Sex: 324014 LMP:	Date: 31 10 22 Time: 5:1087 Height: Weight:	
	History:		
	c/c/o:	History:	
		(Car)	
_	Allergy History: Nutritional Screening: Well-Nourished / Malno	Addiction: Duff	
T	/itals & Examination: Temperature:		
P	Pulse: 721 min		
	P: 128/62 8000-fg		
	PO2: 98-1.00 Rd		
Pr	ovisional Diagnosis:		

Advice:							
	87	USA.	w717 +5+				
x							
No	Dosage Form		ame of drug CK LETTERS ONLY)	Dose	Route	Frequency	Duration
						-	
	-						
nsulin Sc	ale	RBS-	hourly	Diet Advice:			
150 -		300-350	-	Follow-up:	-		
50-200 -		350-400				\bigcirc / -	
.00-250 –		400-450		Sign:		1 de	
250-300 -		> 450 -				1/N/	



Name : KAUSHALKUMAR J NIJANANDI		Sex/Age : Male / 32 Years	Case ID	31002201555
Ref.By :		Dis. At :	Pt. ID	: 3098562
Bill. Loc. ; Aashka hospital			Pt. Loc	•
Reg Date and Time : 31-Oct-2023 10:20	Sample Type		Mobile No	:
Sample Date and Time : 31-Oct-2023 10:20	Sample Coll. By	1	Ref ld1	: OSP31828
Report Date and Time :	Acc. Remarks	: Normal	Ref Id2	: O23246614

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range		
Haemogram (CBC)	and the second s				
Haemoglobin	12.2	G%	13.00 - 17.00		
PCV(Calc)	37.75	%	40.00 - 50.00		
MCV (RBC histogram)	77.2	fL	83.00 - 101.00		
MCH (Calc)	25.0	pg	27.00 - 32.00		
Lipid Profile					
HDL Cholesterol	42.3	mg/dL	48 - 77		
Chol/HDL	4.55		0 - 4.1		
LDL Cholesterol	124.22	mg/dL	0.00 - 100.00		
Liver Function Test					
Gamma Glutamyl Transferase	60.25	U/L	0 - 55		
ESR	16	mm after 1hr	3 - 15		

Abnormal Result(s) Summary End

 $Note.(LL\text{-}VeryLow,L\text{-}Low,H\text{-}High,HH\text{-}VeryHigh\quad,A\text{-}Abnormal)$





			LABORATORY	REPORT		
Name : KAUSHALKU Ref.By : Bill. Loc. : Aashka hospit		IIJANANDI		Sex/Age : Male Dis. At :	/ 32 Years	Case ID : 31002201555 Pt. ID : 3098562 Pt. Loc :
Reg Date and Time	31-Oct-	2023 10:20	Sample Type	: Whole Blood E	DTA	Mobile No :
Sample Date and Time	31-Oct-	2023 10:20	Sample Coll. B	y :		Ref ld1 : OSP31828
Report Date and Time	31-Oct-	2023 11:08	Acc. Remarks	Normal		Ref ld2 : O23246614
TEST		RESULTS	UNIT	BIOLOGICA	L REF. INTER	RVAL REMARKS
			HAEMOGR	AM REPORT		
HB AND INDICES Haemoglobin RBC (Electrical Impedance	L ce)	12.2 4.89	G% millions/	13.00 - 17.0 cumm 4.50 - 5.50	0	
PCV(Calc)	L	37.75	%	40.00 - 50.0	0	
MCV (RBC histogram)	L	77.2	fL	83.00 - 101	00	
MCH (Calc)	L	25.0	pg	27.00 - 32.0	0	
MCHC (Calc)		32.4	gm/dL	31.50 - 34.5	0	
RDW (RBC histogram) TOTAL AND DIFFERENTIA Total WBC Count	L WBC	13.00 COUNT (Flo 4950		11.00 - 16.0 4000.00 - 10		
		[%] 55.0	/µL EXPE % 40.1	4000.00 - 10 CTED VALUES 00 - 70.00	[Abs.] 2723	EXPECTED VALUES /µL 2000.00 - 7000.00
Neutrophil						*
Lymphocyte		33.0		00 - 40.00	1634	/µL 1000.00 - 3000.00
Eosinophil		6.0	% 1.00	0 - 6.00	297	/μL 20.00 - 500.00
Monocytes		6.0	% 2.00) - 10.00	297	/µL 200.00 - 1000.00
Basophil		0.0	% 0.00	0 - 2.00	0	/µL 0.00 - 100.00
PLATELET COUNT (Optical)					
Platelet Count		311000	/µL	150000.00 -	410000.00	
Neut/Lympho Ratio (NLR)		1.67		0.78 - 3.53		
SMEAR STUDY						
RBC Morphology		Normocyt	ic Normochromic	RBCs.		
WBC Morphology		Total WB	C count within no	ormal limits.		
Platelet		Platelets a	are adequate in	number.		
Parasite		Malarial P	arasite not seen	on smear.		

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

June .

Dr. Shreya Shah

M.D. (Pathologist)

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LABORATORY REPORT : KAUSHALKUMAR J NIJANANDI Name Sex/Age: Male / 32 Years Case ID : 31002201555 Ref.By Dis. At : Pt. ID 3098562 Bill. Loc. : Aashka hospital Pt. Loc Reg Date and Time : 31-Oct-2023 10:20 Sample Type : Whole Blood EDTA Mobile No : Sample Date and Time : 31-Oct-2023 10:20 Sample Coll. By Ref Id1 : OSP31828 Report Date and Time : 31-Oct-2023 12:03 Normal Acc. Remarks Ref Id2 : O23246614 **TEST RESULTS** UNIT **BIOLOGICAL REF RANGE** REMARKS

mm after 1hr 3 - 15

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

many.

Dr. Shreya Shah

ESR Westergren Method

M.D. (Pathologist)

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Name

KAUSHALKUMAR J NIJANANDI

Sex/Age : Male / 32 Years

Case ID

31002201555

Ref By

Dis. At :

· Normal

Pt. ID Pt. Loc : 3098562

Bill. Loc. : Aashka hospital

Sample Type

: Whole Blood EDTA

Mobile No :

Reg Date and Time Sample Date and Time : 31-Oct-2023 10:20

: 31-Oct-2023 10:20

Sample Coll. By :

Ref Id1 Ref Id2

: OSP31828 : O23246614

Report Date and Time : 31-Oct-2023 10:48

Acc. Remarks

UNIT

BIOLOGICAL REF RANGE

REMARKS

HAEMATOLOGY INVESTIGATIONS

BLOOD GROUP AND RH TYPING (Erythrocyte Magnetized Technology) (Both Forward and Reverse Group)

ABO Type

Α

Rh Type

TEST

POSITIVE

RESULTS

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

Dr. Shreya Shah

M.D. (Pathologist)

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LABORATORY REPORT KAUSHALKUMAR J NIJANANDI Sex/Age Male / 32 Years Case ID Dis. At : Pt. ID 3098562 Pt. Loc : 31-Oct-2023 10:20 Sample Type : Spot Urine Mobile No : Sample Date and Time : 31-Oct-2023 10:20 Sample Coll. By : Ref Id1 : OSP31828 Report Date and Time : 31-Oct-2023 11:07 Acc. Remarks : Normal Ref Id2 : O23246614

5 - 8

Negative

Negative

TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

URINE EXAMINATION (STRIP METHOD AND FLOWCYTOMETRY)

Physical examination

Bill. Loc. ; Aashka hospital

Reg Date and Time

Name

Ref.By

Colour Pale yellow

Transparency Clear Chemical Examination By Sysmex UC-3500

Sp.Gravity >1.025 1.005 - 1.030

рΗ 5.50 Leucocytes (ESTERASE) Negative Protein 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)

Dr. Shreya Shah

M.D. (Pathologist)

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31-Oct-2023 10:20

Reg Date and Time

LABORATORY REPORT



Mobile No ;

Name : KAUSHALKUMAR J NIJANANDI Sex/Age : Male / 32 Years Case ID : 31002201555

Ref.By : Dis. At : Pt. ID : 3098562

Bill. Loc. ; Aashka hospital Pt. Loc ;

Sample Type

Sample Date and Time : 31-Oct-2023 10:20 | Sample Coll. By : | Ref Id1 : OSP31828

Report Date and Time : 31-Oct-2023 11:07 | Acc. Remarks : Normal | Ref Id2 : O23246614

Spot Urine

Parameter Unit	Unit	Expected value		Resu	lt/Notation	IS	
		Trace	+	++	+++	++++	
рН	-	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	-	-	-	<u></u>	-
Cast (Microscopic)	/lpf	<2		-	-		-

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

Dr. Shreya Shah M.D. (Pathologist)

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Name : KAUSHALKUMAR J NIJANANDI Sex/Age : Male / 32 Years Case ID : 31002201555

Ref.By : Dis. At : Pt. ID : 3098562

Bill. Loc. ; Aashka hospital Pt. Loc ;

Reg Date and Time : 31-Oct-2023 10:20 | Sample Type : Plasma Fluoride F, Plasma | Mobile No : Fluoride PP

Sample Date and Time : 31-Oct-2023 10:20 | Sample Coll. By : | Ref Id1 : OSP31828

Report Date and Time 31-Oct-2023 13:25 Acc. Remarks Normal Ref Id2 023246614
TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

BIOCHEMICAL INVESTIGATIONS

Blood Glucose Level (Fasting & Post Prandial)

Plasma Glucose - F 99.95 mg/dL 70 - 100

Plasma Glucose - PP 112.11 mg/dL 70.0 - 140.0

Referance range has been changed as per recent guidelines of ISPAD 2018.

<100 mg/dL : Normal level

Photometric Hexokinase

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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Dr. Shreya Shah

M.D. (Pathologist)

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Sample Type

: KAUSHALKUMAR J NIJANANDI Name

Sex/Age : Male / 32 Years

: 31002201555

Ref.By

TEST

Dis. At :

Pt. ID

3098562

Bill. Loc. ; Aashka hospital

Pt. Loc

Reg Date and Time

: 31-Oct-2023 10:20

: Serum

Mobile No :

Ref Id2

Sample Date and Time : 31-Oct-2023 10:20

Sample Coll. By

RESULTS

Ref Id1

: OSP31828 : O23246614

Report Date and Time

Acc. Remarks 31-Oct-2023 11:34

Normal

BIOLOGICAL REF RANGE

REMARKS

UNIT **BIOCHEMICAL INVESTIGATIONS**

Lipid Profile

Cholesterol Colorimetric, CHOD-POD		192.52	mg/dL	110 - 200
HDL Cholesterol	L	42.3	mg/dL	48 - 77
Triglyceride Glycerol Phosphate Oxidase		130.00	mg/dL	<150
VLDL Calculated		26.00	mg/dL	10 - 40
Chol/HDL Calculated	Н	4.55		0 - 4.1
LDL Cholesterol Calculated	H	124.22	mg/dL	0.00 - 100.00

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

A r i			
LOL 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
Bordenine 130-159	H.gn +240	*	High 200-499
Hinh 160, 189	2 E		

- 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 Tnglyceride has been revised. Also LDL goals have changed.
- Detail test interpreation available from the lab
- All tests are done according to NCEP guidelines and with FDA approved kits.
- LDL Cholesterol level is primary goal for treatment and varies with risk category and assessment

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

Dr. Shreya Shah

M.D. (Pathologist) Page 8 of 13

Printed On: 31-Oct-2023 14:10

ACCREDITED'



Name : KAUSHALKUMAR J NIJANANDI Sex/Age : Male / 32 Years Case ID : 31002201555

Ref.By : Dis. At : Pt. ID : 3098562

Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 31-Oct-2023 10:20 | Sample Type : Serum | Mobile No :

 Sample Date and Time
 : 31-Oct-2023 10:20
 Sample Coll. By
 :
 Ref Id1
 : OSP31828

 Report Date and Time
 : 31-Oct-2023 11:37
 Acc. Remarks
 : Normal
 Ref Id2
 : O23246614

TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

BIOCHEMICAL INVESTIGATIONS

Liver Function Test

		21101	T dilotion 1	
S.G.P.T. UV with P5P		16.20	U/L	16 - 63
S.G.O.T. UV with P5P		15.01	U/L	15 - 37
Alkaline Phosphatase Enzymatic, PNPP-AMP		105.00	U/L	46 - 116
Gamma Glutamyl Transferase L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate	Н	60.25	U/L	0 - 55
Proteins (Total) Colorimetric, Biuret		7.98	gm/dL	6.40 - 8.30
Albumin Bromocresol purple		4.78	gm/dL	3.4 - 5
Globulin Calculated		3.20	gm/dL	2 - 4.1
A/G Ratio Calculated		1.5		1.0 - 2.1
Bilirubin Total Photometry		0.45	mg/dL	0.3 - 1.2
Bilirubin Conjugated Diazotization reaction		0.20	mg/dL	0 - 0.50
Bilirubin Unconjugated Calculated		0.25	mg/dL	0 - 0.8

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

Mens

Dr. Shreya Shah

M.D. (Pathologist)

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LABORATORY REPORT : KAUSHALKUMAR J NIJANANDI Name Sex/Age : Male / 32 Years : 31002201555 Ref.By Dis. At : Pt. ID : 3098562 Bill. Loc. : Aashka hospital Pt. Loc Reg Date and Time : 31-Oct-2023 10:20 Sample Type ; Serum Mobile No : Sample Date and Time : 31-Oct-2023 10:20 Sample Coll. By : Ref Id1 : OSP31828 Report Date and Time : 31-Oct-2023 11:34 Acc. Remarks : Normal Ref Id2 : 023246614 **TEST RESULTS** UNIT **BIOLOGICAL REF RANGE REMARKS BUN** (Blood Urea Nitrogen) 11.0 mg/dL 8.90 - 20.60 Creatinine 0.82 mg/dL 0.50 - 1.50**Uric Acid** 6.55 mg/dL 3.5 - 7.2

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

Men

Dr. Shreya Shah

M.D. (Pathologist)

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KAUSHALKUMAR J NIJANANDI Name

Sex/Age : Male / 32 Years

Case ID : 31002201555

Ref.By

Pt. ID

: 3098562

Dis. At :

Bill. Loc. ; Aashka hospital

Pt. Loc Mobile No :

Reg Date and Time

: 31-Oct-2023 10:20

Sample Type

Ref Id1

: OSP31828

Report Date and Time : 31-Oct-2023 11:36

Sample Date and Time : 31-Oct-2023 10:20

Sample Coll. By : Acc. Remarks : Normal

Ref Id2

: O23246614

TEST

RESULTS

UNIT

BIOLOGICAL REF RANGE

REMARKS

Glycated Haemoglobin Estimation

HbA1C

4.91

% of total Hb <5.7: Normal

: Whole Blood EDTA

5.7-6.4: Prediabetes >=6.5: Diabetes

Estimated Avg Glucose (3 Mths)

94.22

mg/dL

Not available

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

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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	l	ABORATORY	REPORT				
Name : KAUSHALK	UMAR J NIJANANDI		Sex/Age	Male	/ 32 Years	Case ID	: 31002201555
Ref.By :			Dis. At	:		Pt. ID	: 3098562
Bill. Loc. : Aashka hosp	oital					Pt. Loc	:
Reg Date and Time	: 31-Oct-2023 10:20	Sample Type	: Serum			Mobile No	:
Sample Date and Time	: 31-Oct-2023 10:20	Sample Coll. By	:			Ref Id1	: OSP31828
Report Date and Time	: 31-Oct-2023 12:03	Acc. Remarks	: Normal			Ref Id2	: O23246614
TEST	RESU	LTS	UNIT	BIOLO	OGICAL REF	RANGE	REMARKS
		Thyroid Fu	nction T	est			
Triiodothyronine (T3)	120.14	ļ	ng/dL	70 - 2	04		
Thyroxine (T4)	6.94		ng/dL	4.87 -	11.72		
TSH CMIA	1.62		μIU/mL	0.4 - 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 & incipent 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 supressed 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/mI)
0.24 - 2.00
0.43-2.2
0.8-2.5

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

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LABORATORY REPORT						
Name : KAUSHALKUMAR J NIJANANDI		Sex/Age : Male / 32 Years	Case ID	: 31002201555		
Ref.By :		Dis. At :	Pt. ID	: 3098562		
Bill. Loc. ; Aashka hospital			Pt. Loc	:		
Reg Date and Time : 31-Oct-2023 10:20	Sample Type	: Serum	Mobile No	:		
Sample Date and Time :31-Oct-2023 10:20 S	Sample Coll. By	:	Ref ld1	: OSP31828		
Report Date and Time : 31-Oct-2023 12:03	Acc. Remarks	Normal	Ref Id2	: O23246614		
Interpretation Note: Ultra sensitive-thyroid-stimulating hormone (TSH) is a highled the provides a physiologic indicator of the functional level of suppressed s-TSH indicates excess thyroid hormone. Transifecting to assess thyroid function. However, even in these paresult is abnormal, appropriate follow-up tests. T4 & free T3 then it is considered as subclinical hypothyroidism which shows the part of the providered as overthypothyroidism.	of thyroid hormone ac ient s-TSH abnormali atients, s-TSH works levels should be per	ctivity. Increased s-TSH indicates inad tites may be found in seriously ill, hosp better than total thyroxine (an alternal formed. If TSH is between 5.0 to 10.0	equate thyroid h italized patients live screening to) & free T4 & free	ormone, and i, so this is not the idea est), when the s-TSH e T3 level are normal		

Serum triodothyronine (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, hyperthyroidism may be caused by overproduction of 13 (13 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 hormons vary according trimesper in pregnancy. TSH ref range in Pregnacy Reference range (microlU/ml) 0.24 - 2.00 0.43-2.2 First triemester Second triemester Third triemester

	Т3	Т4	TSH
Normal Thyroid function	N	N	N
Primary Hyperthyroidism	↑	↑	4
Secondary Hyperthyroidism	↑	↑	↑
Grave's Thyroiditis	↑	↑	^
3 Thyrotoxicosis	↑	N	N/↓
rimary Hypothyroidism	1	Ţ	↑
econdary Hypothyroidism	1	1	1
Subclinical Hypothyroidism	N	N	↑
Patient on treatment	N	N/↑	1

----- 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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ADDRESSOGRAPH

COLOUR DOPPLER ECHOCARDIOGRAPH REPORT

	Xa. 10.00				v e
Patient's Name :	Kanshal	Age :			1 1
Ref. by Doctor :	, \	IP/OP No. :		Date: 3	10/2
MITRAL VALVE	Al	art long	redund	ant	
AORTIC VALVE	: _)			
TRICUSPID VALVE					
PULMONARY VALV	VE :				
AORTA	:31				
LEFT ATRIUM	:35	1			
LV Dd/ Ds	401	124- EF	-60/,		
IVS / LVPW / D	: 10.5 : 1 w	110-			
IVS	:	bou			
IAS	:	<u></u>	, #=		2 .
RA	: -				
RV	: / ~				
PA	:				1 28
PERICARDIUM	: h				
VEL	: P	PEAK	MEAN		
M/S		Gradient mm Hg	Gradient m	m Hg	
MITRAL	: 1.1	0.9			
AORTIC	: 1.4				
PULMONARY	: 1.2	0	1 0		
COLOUR DOPPLER	: Toi	nal MR	-17R	*	
RSVP	: 26			_	8
CONCLUSION	: 2	D. 807	19457	her	^

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www.aashkahospitals.in CIN: L85110GJ2012PLC072647



PATIENT NAME:KAUSHALKUMAR JAYANTILAL NIJANANDI GENDER/AGE:Male / 32 Years DATE:31/10/23 DOCTOR:

OPDNO:OSP31828

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

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www.aashkahospitals.in CIN: L85110GJ2012PLC072647



PATIENT NAME: KAUSHALKUMAR JAYANTILAL NIJANANDI GENDER/AGE: Male / 32 Years DATE: 31/10/23 DOCTOR:

OPDNO:OSP31828

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 10.2 x 4.1 cms in size. Left kidney measures about 9.9 x 4.3 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 60 cc.

PROSTATE: Prostate appears normal in size and shows normal parenchymal echoes. No evidence of pathological calcification or solid or cystic mass lesion is seen. Prostate volume measures about 14 cc.

COMMENT: Normal sonographic appearance of liver, GB; Pancreas, spleen, kidneys, bladder and prostate.

DR. SNEHAL PRAJAPATI CONSULTANT RADIOLOGIST

