



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	MR. TIWARI SHARVESH KUMAR
EC NO.	120182
DESIGNATION	OFFICIAL LANGUAGE
PLACE OF WORK	AHMEDABAD, BARODA APEX ACADEMY
BIRTHDATE	25-12-1984
PROPOSED DATE OF HEALTH CHECKUP	14-10-2023
BOOKING REFERENCE NO.	23D120182100071292E

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 **06-10-2023** 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 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))

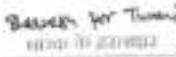


बैंक ऑफ बड़ोदा
Bank of Baroda

नाम
Name
शरवेंद्र कुमार तिवारी
SHARVESH KUMAR TIWARI
ए.सी. नं.
E.C. No. 120182




जारीकर्ता अधिकारी
Issuing Authority


शरवेंद्र कुमार तिवारी
Signature of Holder

28.10.2023 1:54:06 PM
ASHVA HOSPITAL LTD.
SARGASAN
GANDHINAGAR

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

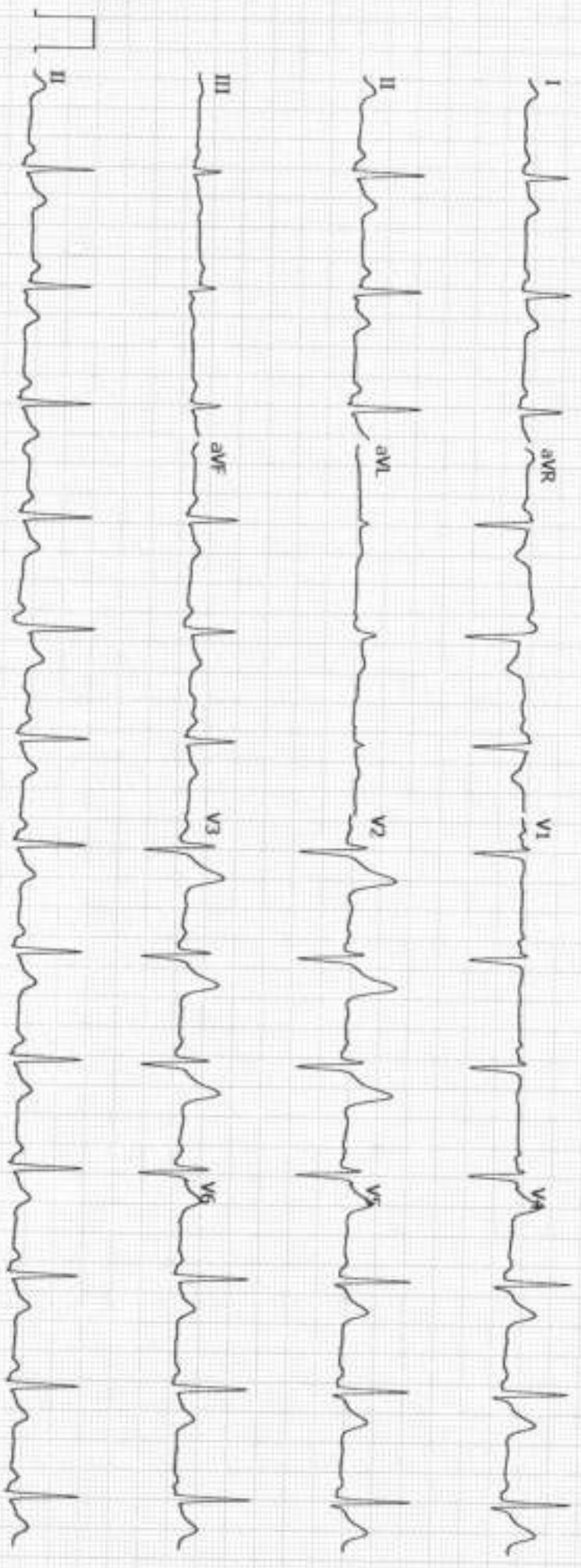
Room:

80 bpm
- / - mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 86 ms
QT / QTcBaz : 346 / 399 ms
PR : 144 ms
P : 108 ms
RR / PP : 748 / 750 ms
P / QRS / T : 60 / 52 / 47 degrees

Normal sinus rhythm
Normal ECG



GE MAC2000 1.1 12SL™ V241

25 mm/s 10 mm/mV

ADS 0.56-20 Hz 50 Hz

Unconfirmed
4x2.5x3_25_R1 1/1



LABORATORY REPORT



Name : SHARVESH KUMAR TIWARI	Sex/Age : Female/ 39 Years	Case ID : 31002201471
Ref By :	Dis. At :	Pt. ID : 3091744
Bill Loc : Aashka hospital		Pt. Loc :
Reg Date and Time : 28-Oct-2023 10:32	Sample Type :	Mobile No :
Sample Date and Time : 28-Oct-2023 10:32	Sample Coll. By :	Ref Id1 :
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 :

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Blood Glucose Fasting & Postprandial			
Plasma Glucose - F	104.69	mg/dL	70.0 - 100
Haemogram (CBC)			
Haemoglobin	16.0	G%	12.0 - 15.0
RBC (Electrical Impedance)	5.79	millions/cu mm	3.80 - 4.80
PCV(Calc)	50.14	%	36.00 - 46.00
Liver Function Test			
Alkaline Phosphatase	185.8	U/L	46 - 116
Proteins (Total)	8.42	gm/dL	6.40 - 8.30
Albumin	5.17	gm/dL	3.4 - 5
Unc Acid	7.24	mg/dL	2.6 - 6.2

Abnormal Result(s) Summary End

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

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LABORATORY REPORT



Name : SHARVESH KUMAR TIWARI Sex/Age : Female/ 39 Years Case ID : 31002201471
 Ref By : Dis. At : Pt. ID : 3091744
 Bill Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 28-Oct-2023 10:32 Sample Type : Whole Blood EDTA Mobile No :
 Sample Date and Time : 28-Oct-2023 10:32 Sample Coll. By : Ref Id1 :
 Report Date and Time : 28-Oct-2023 11:20 Acc. Remarks : Normal Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin	H 16.0	G%	12.0 - 15.0
RBC (Electrical Impedance)	H 5.79	millions/cumm	3.80 - 4.80
PCV(Calc)	H 50.14	%	36.00 - 46.00
MCV (RBC histogram)	86.6	fL	83.00 - 101.00
MCH (Calc)	27.7	pg	27.00 - 32.00
MCHC (Calc)	32.0	gm/dL	31.50 - 34.50
RDW (RBC histogram)	14.00	%	11.00 - 16.00

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

		UNIT	EXPECTED VALUES	[Abs]	EXPECTED VALUES
Total WBC Count	6760	/μL	4000.00 - 10000.00		
Neutrophil	57.0	%	40.00 - 70.00	3853	/μL 2000.00 - 7000.00
Lymphocyte	34.0	%	20.00 - 40.00	2298	/μL 1000.00 - 3000.00
Eosinophil	3.0	%	1.00 - 6.00	203	/μL 20.00 - 500.00
Monocytes	6.0	%	2.00 - 10.00	406	/μL 200.00 - 1000.00
Basophil	0.0	%	0.00 - 2.00	0	/μL 0.00 - 100.00

PLATELET COUNT (Optical)

Platelet Count	249000	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	1.68		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)

Dr. Shreya Shah
M.D. (Pathologist)

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LABORATORY REPORT



Name : SHARVESH KUMAR TIWARI	Sex/Age : Female/ 39 Years	Case ID : 31002201471
Ref By :	Dis. At :	Pt. ID : 3091744
Ref Loc : Aashka hospital		Pt. Loc :
Reg Date and Time : 28-Oct-2023 10:32	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 28-Oct-2023 10:32	Sample Coll. By :	Ref Id1 :
Report Date and Time : 28-Oct-2023 11:48	Acc. Remarks : Normal	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR <i>Westergren Method</i>	07	mm after 1hr	3 - 20	

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

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LABORATORY REPORT



Name : SHARVESH KUMAR TIWARI	Sex/Age : Female/ 39 Years	Case ID : 31002201471
Ref By :	Dis. At :	Pt. ID : 3091744
Bill Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 28-Oct-2023 10:32	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 28-Oct-2023 10:32	Sample Coll. By :	Ref Id1 :
Report Date and Time : 28-Oct-2023 11:31	Acc. Remarks : Normal	Ref Id2 :

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	B
Rh Type	POSITIVE

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

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LABORATORY REPORT



Name : **SHARVESH KUMAR TIWARI** Sex/Age : **Female/ 39 Years** Case ID : **31002201471**
 Ref By : Dis. At : Pt. ID : **3091744**
 Bill. Loc : **Aashka hospital** Pt. Loc :

Reg Date and Time : 28-Oct-2023 10:32	Sample Type : Spot Urine	Mobile No :
Sample Date and Time : 28-Oct-2023 10:32	Sample Coll. By :	Ref Id1 :
Report Date and Time : 28-Oct-2023 12:11	Acc. Remarks : Normal	Ref Id2 :

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

Physical examination

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

Chemical Examination By Sysmex UC-3500

Sp.Gravity	1.025		1.003 - 1.035
pH	5.0		4.6 - 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)

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LABORATORY REPORT



Name : **SHARVESH KUMAR TIWARI** Sex/Age : **Female/ 39 Years** Case ID : **31002201471**
 Ref By : Dis. At : Pt. ID : **3091744**
 Bill Loc. : **Aashka hospital** Pt. Loc. :
 Reg Date and Time : **28-Oct-2023 10:32** Sample Type : **Spot Urine** Mobile No :
 Sample Date and Time : **28-Oct-2023 10:32** Sample Coll. By : Ref Id1 :
 Report Date and Time : **28-Oct-2023 12:11** Acc. Remarks : **Normal** Ref Id2 :

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 (L-Low, H-High, HL-High, VH-Very High, A-Abnormal)

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LABORATORY REPORT



Name : SHARVESH KUMAR TIWARI Sex/Age : Female/ 39 Years Case ID : 31002201471
 Ref By : Dis. At : Pt. ID : 3091744
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 28-Oct-2023 10:32	Sample Type : Plasma Fluoride F, Plasma Fluoride PP	Mobile No :
Sample Date and Time : 28-Oct-2023 10:32	Sample Coll. By :	Ref Id1 :
Report Date and Time : 28-Oct-2023 13:54	Acc. Remarks : Normal	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Blood Glucose Level (Fasting & Post Prandial)

Plasma Glucose - F	H	104.69	mg/dL	70.0 - 100
Plasma Glucose - PP		101.28	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 : L-VeryLow, LL-Low, H-High, HH-VeryHigh, A-Abnormal

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LABORATORY REPORT



Name : **SHARVESH KUMAR TIWARI** Sex/Age : **Female/ 39 Years** Case ID : **31002201471**
 Ref By : Dis. At : Pt. ID : **3091744**
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : **28-Oct-2023 10:32** Sample Type : **Serum** Mobile No :
 Sample Date and Time : **28-Oct-2023 10:32** Sample Coll. By : Ref Id1 :
 Report Date and Time : **28-Oct-2023 13:14** Acc. Remarks : **Normal** Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol <i>Colorimetric, CHOD-PGD</i>	146.29	mg/dL	110 - 200	
HDL Cholesterol	58.4	mg/dL	48 - 77	
Triglyceride <i>Glycerol Phosphate Oxidase</i>	118.55	mg/dL	<150	
VLDL <i>Calculated</i>	23.71	mg/dL	10 - 40	
Chol/HDL <i>Calculated</i>	2.50		0 - 4.1	
LDL Cholesterol <i>Calculated</i>	64.18	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			

- 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

N=Normal L=VeryLow L-Low H-High HH=VeryHigh A=Abnormal

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LABORATORY REPORT



Name : SHARVESH KUMAR TIWARI Sex/Age : Female/ 39 Years Case ID : 31002201471
 Ref By : Dis. At : Pt. ID : 3091744
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 28-Oct-2023 10:32 Sample Type : Serum Mobile No :
 Sample Date and Time : 28-Oct-2023 10:32 Sample Coll. By : Ref Id1 :
 Report Date and Time : 28-Oct-2023 13:54 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 PSP</i>	31.26	U/L	14 - 59	
S.G.O.T. <i>UV with PSP</i>	27.87	U/L	15 - 37	
Alkaline Phosphatase <i>Colorimetric, PNPP, AMP</i>	H 185.8	U/L	46 - 116	
Gamma Glutamyl Transferase <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate</i>	20.23	U/L	0 - 38	
Proteins (Total) <i>Colorimetric, Bumer</i>	H 8.42	gm/dL	6.40 - 8.30	
Albumin <i>Bromocresol purple</i>	H 5.17	gm/dL	3.4 - 5	
Globulin <i>Calculated</i>	3.25	gm/dL	2 - 4.1	
A/G Ratio <i>Calculated</i>	1.6		1.0 - 2.1	
Bilirubin Total <i>Photometry</i>	0.67	mg/dL	0.3 - 1.2	
Bilirubin Conjugated <i>Diazotization reaction</i>	0.48	mg/dL	0 - 0.50	
Bilirubin Unconjugated <i>Calculated</i>	0.19	mg/dL	0 - 0.8	

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

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M.D. (Pathologist)

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LABORATORY REPORT



Name : SHARVESH KUMAR TIWARI	Sex/Age : Female/ 39 Years	Case ID : 31002201471
Ref By :	Dis. At :	Pt. ID : 3091744
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 28-Oct-2023 10:32	Sample Type : Serum	Mobile No :
Sample Date and Time : 28-Oct-2023 10:32	Sample Coll. By :	Ref Id1 :
Report Date and Time : 28-Oct-2023 13:14	Acc. Remarks : Normal	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BUN (Blood Urea Nitrogen) <small>GLDH</small>	11.9	mg/dL	7.00 - 18.70	
Creatinine	1.08	mg/dL	0.50 - 1.50	
Uric Acid <small>URICASE</small>	H 7.24	mg/dL	2.6 - 6.2	

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

Dr. Shreya Shah

M.D. (Pathologist)

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LABORATORY REPORT



Name : SHARVESH KUMAR TIWARI	Sex/Age : Female/ 39 Years	Case ID : 31002201471
Ref By :	Dis. At :	Pt. ID : 3091744
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 28-Oct-2023 10:32	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 28-Oct-2023 10:32	Sample Coll. By :	Ref Id1 :
Report Date and Time : 28-Oct-2023 11:47	Acc. Remarks : Normal	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Glycated Haemoglobin Estimation				
HbA1C	5.45	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) <small>Calculated</small>	109.71	mg/dL	Not available	

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

Interpretation :

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

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

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M.D. (Pathologist)

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LABORATORY REPORT



Name : SHARVESH KUMAR TIWARI	Sex/Age : Female/ 39 Years	Case ID : 31002201471
Ref. By :	Dis. At :	Pt. ID : 3091744
Bill Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 28-Oct-2023 10:32	Sample Type : Serum	Mobile No :
Sample Date and Time : 28-Oct-2023 10:32	Sample Coll. By :	Ref Id1 :
Report Date and Time : 28-Oct-2023 12:15	Acc. Remarks : Normal	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Thyroid Function Test				
Triiodothyronine (T3)	122.09	ng/dL	70 - 204	
Thyroxine (T4) CMA	7.37	ng/dL	4.87 - 11.72	
TSH CMA	1.62	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)

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M.D. (Pathologist)

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LABORATORY REPORT



Name : **SHARVESH KUMAR TIWARI** Sex/Age : **Female/ 39 Years** Case ID : **31002201471**
 Ref By : Dis. At : Pt. ID : **3091744**
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : **28-Oct-2023 10:32** Sample Type : **Serum** Mobile No :
 Sample Date and Time : **28-Oct-2023 10:32** Sample Coll. By : Ref Id1 :
 Report Date and Time : **28-Oct-2023 12:15** Acc. Remarks : **Normal** Ref Id2 :

Interpretation Note:

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 testing 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 (microuU/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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M.D. (Pathologist)

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PATIENT NAME:SHARVESH KUMAR TIWARI

GENDER/AGE:Male / 38 Years

DATE:28/10/23

DOCTOR:DR.HASIT JOSHI

OPDNO:OSP31519

2D-ECHO

MITRAL VALVE	: NORMAL	
AORTIC VALVE	: NORMAL	
TRICUSPID VALVE	: NORMAL	
PULMONARY VALVE	: NORMAL	
AORTA	: 33mm	
LEFT ATRIUM	: 33mm	
LV Dd / Ds	: 40/26mm	EF 60%
IVS / LVPW / D	: 11/10mm	BORDERLINE LVH
IVS	: INTACT	
IAS	: FLOPPY	
RA	: NORMAL	
RV	: NORMAL	
PA	: NORMAL	
PERICARDIUM	: NORMAL	
VEL	: PEAK	MEAN
M/S	: Gradient mm Hg	Gradient mm Hg
MITRAL	: 0.7/1.0m/s	
AORTIC	: 1.2m/s	
PULMONARY	: 1.2m/s	
COLOUR DOPPLER	: TRIVIAL MR, MILD TR	
RVSP	: 30mmHg	
CONCLUSION	: BORDERLINE LVH; NORMAL LV FUNCTION; TRIVIAL MR, MILD TR.	

CARDIOLOGIST
DR. HASIT JOSHI (9825012235)



PATIENT NAME:SHARVESH KUMAR TIWARI

GENDER/AGE:Male / 38 Years

DATE:28/10/23

DOCTOR:

OPDNO:OSP31519

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

PATIENT NAME:SHARVESH KUMAR TIWARI

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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 10.0 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 160 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 measures about 2.8 x 3.8 x 3.2 cms in size.

Prostate volume measures about 14 cc.

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


DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST