भारतीय विशिष्ट पहचान प्राधिकरण

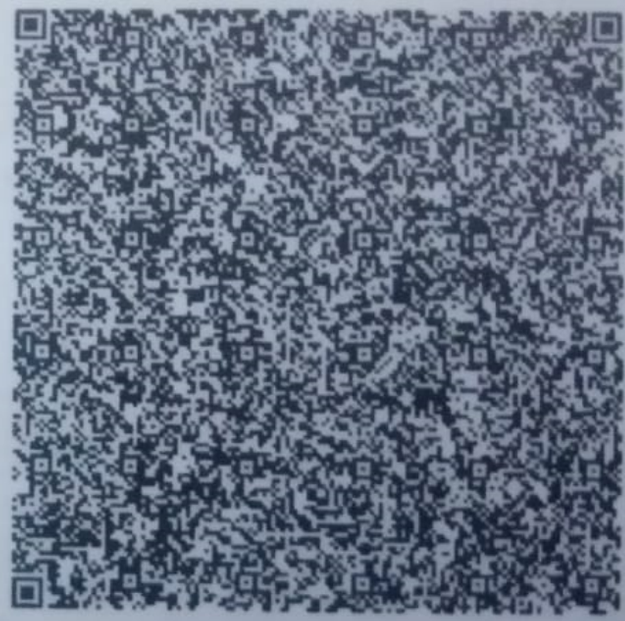
Unique Identification Authority of India

AADHAAR

સરનામું : એ 12 નવકાર બંગલો, કુડાસણ પોર રોંડ, કુડાસણ, ગાંધીનગર, ગુજરાત, 382421

Address: A 12 NAVKAR BUNGLOW, KUDASAN POR ROAD, Kudasan, Gandhinagar, Gujarat, 382421

Print Date: 05/02/2021



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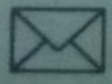 help@uidai.gov.in

 www.uidai.gov.in

बैंक ऑफ़ बड़ौदा
Bank of Baroda

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	NIRAV DINESHKUMARPATEL
DATE OF BIRTH	21-11-1987
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	23-07-2022
BOOKING REFERENCE NO.	22S113794100021746S
SPOUSE DETAILS	
EMPLOYEE NAME	MRS. PATEL AMI NIRAV
EMPLOYEE EC NO.	113794
EMPLOYEE DESIGNATION	SINGLE WINDOW OPERATOR A
EMPLOYEE PLACE OF WORK	GANDHINAGAR,RO GANDHINAGAR
EMPLOYEE BIRTHDATE	21-11-1988

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **13-07-2022** 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))

भारत सरकार

Government of India

आधार

પટેલ નીરવ દિનેશકુમાર

Patel Nirav Dineshkumar

જન્મ તારીખ / DOB : 21/11/1987

પુરુષ / MALE

7572 5597 5354

Issue Date: 24/02/2015

7572 5597 5354

मेरा आधार, मेरी पहचान

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

aashka HOSPITAL

DR.UNNATI SHAH
B.D.S. (DENTAL SURGEON)
REG. NO. A-7742
MO.NO- 9904596691

UHID:	Date: 23/7/22	Time:
Patient Name: Nirav Patel		Age /Sex: 32/m Height: Weight:

History:

Pain 8 (lower left) / 8 (upper right)

Examination:

partially erupted 8 (lower right)

malaligned 8 (upper left)

Stain +
Calculus +.

Diagnosis:

Treatment:

D.S. Mpan EOC 8/8

Scaling.

Dr. Vrm.

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aashka HOSPITAL

PATIENT SAFETY & QUALITY OF CARE NABH ACCREDITED

DR. DIPESH FATANIYA
M.D., IDCCM.
CRITICAL CARE MEDICINE
M.NO.-9909906809
R.NO.G-41495

UHID:	**Date:** 23/7/22	**Time:**
Patient Name: Nirav Patel		**Height:**
Age /Sex: 35 M	**LMP:**	**Weight:**

History:

C/C/O:	**History:**
Health chk up Vit B12, D3 (L)	

Allergy History: **Addiction:**

Nutritional Screening: Well-Nourished / Malnourished / Obese

Vitals & Examination:
Temperature:

Pulse:

BP: 104/70

SPO2:

Provisional Diagnosis:

Advice:

Diet as advised   Repeat CBC on 1 month

Rx

No	Dosage Form	Name of drug (IN BLOCK LETTERS ONLY)	Dose	Route	Frequency	Duration
	T.	AVUHENZ. D 0 0 1 - 1 mo }				
	T.	TAYO 60K, once a week } × 6 wk				

Insulin Scale	RBS- hourly	Diet Advice:	
< 150 –	300-350 –	Follow-up:	
150-200 –	350-400 –		
200-250 –	400-450 –	Sign:	[signature]
250-300 –	> 450 –		

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AASHKA HOSPITALS LTD.

LABORATORY REPORT

Name	: **NIRAV DINESHKUMAR PATEL**	Sex/Age	: **Male / 35 Years**	Case ID	: **20702200670**
Ref.By	: HOSPITAL,	Dis. At	:	Pt. ID	: 2186971
Bill. Loc.	: Aashka hospital			Pt. Loc	:
Reg Date and Time	: 23-Jul-2022 08:51	Sample Type	: Whole Blood EDTA	Mobile No	: 9725615025
Sample Date and Time	: 23-Jul-2022 08:51	Sample Coll. By	:	Ref Id1	: OSP28283
Report Date and Time	: 23-Jul-2022 09:40	Acc. Remarks	: Normal	Ref Id2	: O22232787

HAEMOGRAM REPORT

TEST		RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
HB AND INDICES					
Haemoglobin (Colorimetric)	L	**12.3**	G%	13.00 - 17.00	
RBC (Electrical Impedance)		5.22	millions/cumm	4.50 - 5.50	
PCV(Calc)	L	**39.67**	%	40.00 - 50.00	
MCV (RBC histogram)	L	**76.0**	fL	83.00 - 101.00	
MCH (Calc)	L	**23.6**	pg	27.00 - 32.00	
MCHC (Calc)	L	**31.0**	gm/dL	31.50 - 34.50	
RDW (RBC histogram)	H	**16.40**	%	11.00 - 16.00	
TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)					
Total WBC Count		4230	/µL	4000.00 - 10000.00	

	[%]		EXPECTED VALUES	[Abs]		EXPECTED VALUES
Neutrophil	46.0	%	40.00 - 70.00	L **1946**	/µL	2000.00 - 7000.00
Lymphocyte	H **45.0**	%	20.00 - 40.00	1903	/µL	1000.00 - 3000.00
Eosinophil	2.0	%	1.00 - 6.00	85	/µL	20.00 - 500.00
Monocytes	5.0	%	2.00 - 10.00	212	/µL	200.00 - 1000.00
Basophil	2.0	%	0.00 - 2.00	85	/µL	0.00 - 100.00

PLATELET COUNT (Optical)			
Platelet Count	276000	/µL	150000.00 - 410000.00
Neutrophil to Lymphocyte Ratio (NLR)	1.02		0.78 - 3.53

SMEAR STUDY	
RBC Morphology	Microcytic hypochromic RBCS.
WBC Morphology	Lymphocytosis.
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. Manoj Shah
M.D. (Path. & Bact.)

Dr. Shreya Shah
M.D. (Pathologist)

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aashka HOSPITALS LTD.

LABORATORY REPORT

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Report Date and Time	: 23-Jul-2022 09:40	Acc. Remarks	: Normal	Ref Id2	: O22232787

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Bill. Loc.	: Aashka hospital			Pt. Loc	:
Reg Date and Time	: 23-Jul-2022 08:51	Sample Type	: Whole Blood EDTA	Mobile No	: 9725615025
Sample Date and Time	: 23-Jul-2022 08:51	Sample Coll. By	:	Ref Id1	: OSP28283
Report Date and Time	: 23-Jul-2022 11:00	Acc. Remarks	: Normal	Ref Id2	: O22232787

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
HAEMATOLOGY INVESTIGATIONS				
ESR	**04**	mm after 1hr	3 - 15	

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Sample Date and Time	: 23-Jul-2022 08:51	Sample Coll. By	:	Ref Id1	: OSP28283
Report Date and Time	: 23-Jul-2022 09:18	Acc. Remarks	: Normal	Ref Id2	: O22232787

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS

HAEMATOLOGY INVESTIGATIONS

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

ABO Type	**B**			
Rh Type	**POSITIVE**			

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Bill. Loc.	: Aashka hospital			Pt. Loc	:
Reg Date and Time	: 23-Jul-2022 08:51	Sample Type	: Spot Urine	Mobile No	: 9725615025
Sample Date and Time	: 23-Jul-2022 08:51	Sample Coll. By	:	Ref Id1	: OSP28283
Report Date and Time	: 23-Jul-2022 09:38	Acc. Remarks	: Normal	Ref Id2	: O22232787

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	**1.030**		1.005 - 1.030	
pH	**6.00**		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	**Negative**		Negative	

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Report Date and Time	: 23-Jul-2022 09:38	Acc. Remarks	: Normal	Ref Id2	: O22232787

Parameter	Unit	Expected value	Result/Notations				
			Trace	+	++	+++	++++
pH	-	4.8-7.4					
SG	-	1.016-1.022					
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	-	-	-	-	-

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PATIENT SAFETY & QUALITY OF CARE NABH ACCREDITED

LABORATORY REPORT

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Ref.By	: HOSPITAL,	Dis. At	:	Pt. ID	: 2186971
Bill. Loc.	: Aashka hospital			Pt. Loc	:
Reg Date and Time	: 23-Jul-2022 08:51	Sample Type	: Plasma Fluoride F, Plasma Fluoride PP	Mobile No	: 9725615025
Sample Date and Time	: 23-Jul-2022 08:51	Sample Coll. By	:	Ref Id1	: OSP28283
Report Date and Time	: 23-Jul-2022 13:24	Acc. Remarks	: Normal	Ref Id2	: O22232787

TEST		RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BIOCHEMICAL INVESTIGATIONS					
Biochemical Investigations by Dimension EXL (Siemens)					
Plasma Glucose - F	H	**103.0**	mg/dL	70.0 - 100	
Plasma Glucose - PP		**103.3**	mg/dL	70.0 - 140.0	

Referance 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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Ref.By	: HOSPITAL,	Dis. At	:	Pt. ID	: 2186971
Bill. Loc.	: Aashka hospital			Pt. Loc	:
Reg Date and Time	: 23-Jul-2022 08:51	Sample Type	: Serum	Mobile No	: 9725615025
Sample Date and Time	: 23-Jul-2022 08:51	Sample Coll. By	:	Ref Id1	: OSP28283
Report Date and Time	: 23-Jul-2022 10:28	Acc. Remarks	: Normal	Ref Id2	: O22232787

TEST		RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BIOCHEMICAL INVESTIGATIONS					
Lipid Profile					
Cholesterol		**160.71**	mg/dL	110 - 200	
HDL Cholesterol	L	**45.95**	mg/dL	48 - 77	
Triglyceride		**74.12**	mg/dL	40 - 200	
VLDL *Calculated*		**14.82**	mg/dL	10 - 40	
Chol/HDL *Calculated*		**3.50**		0 - 4.1	
LDL Cholesterol (Direct) *CALC*		**95.26**	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 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 assesment

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TEST		RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BIOCHEMICAL INVESTIGATIONS					
Liver Function Test					
S.G.P.T.		**12.17**	U/L	0 - 41	
S.G.O.T.	L	**12.75**	U/L	15 - 37	
Alkaline Phosphatase		**46.30**	U/L	40 - 130	
Gamma Glutamyl Transferase		**13.98**	U/L	8 - 61	
Proteins (Total)		**7.53**	gm/dL	6.4 - 8.2	
Albumin		**4.75**	gm/dL	3.4 - 5	
Globulin *Calculated*		**2.78**	gm/dL	2 - 4.1	
A/G Ratio *Calculated*		**1.7**		1.0 - 2.1	
Bilirubin Total		**0.38**	mg/dL	0.2 - 1.0	
Bilirubin Conjugated		**0.26**	mg/dL		
Bilirubin Unconjugated *Calculated*		**0.12**	mg/dL	0 - 0.8	

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Bill. Loc.	: Aashka hospital			Pt. Loc	:
Reg Date and Time	: 23-Jul-2022 08:51	Sample Type	: Serum	Mobile No	: 9725615025
Sample Date and Time	: 23-Jul-2022 08:51	Sample Coll. By	:	Ref Id1	: OSP28283
Report Date and Time	: 23-Jul-2022 10:29	Acc. Remarks	: Normal	Ref Id2	: O22232787

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BIOCHEMICAL INVESTIGATIONS				
BUN (Blood Urea Nitrogen) *GLDH*	**7.85**	mg/dL	6.00 - 20.00	
Creatinine	**0.79**	mg/dL	0.50 - 1.50	
Uric Acid	**5.08**	mg/dL	3.5 - 7.2	

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

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NABH ACCREDITED

LABORATORY REPORT

Name	: **NIRAV DINESHKUMAR PATEL**	Sex/Age	: **Male / 35 Years**	Case ID	: **20702200670**
Ref.By	: HOSPITAL,	Dis. At	:	Pt. ID	: 2186971
Bill. Loc.	: Aashka hospital			Pt. Loc	:
Reg Date and Time	: 23-Jul-2022 08:51	Sample Type	: Whole Blood EDTA	Mobile No	: 9725615025
Sample Date and Time	: 23-Jul-2022 08:51	Sample Coll. By	:	Ref Id1	: OSP28283
Report Date and Time	: 23-Jul-2022 10:20	Acc. Remarks	: Normal	Ref Id2	: O22232787

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BIOCHEMICAL INVESTIGATIONS				
Glycated Haemoglobin Estimation				
HbA1C	**5.11**	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Avg. Pl Glucose (Last 3 Months) *Calculated*	**99.96**	mg/dL	80.00 - 140.00	

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.

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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	TEST REMARK
Thyroid Function Test				
Triiodothyronine (T3)	**107.57**	ng/dL	70 - 204	
Thyroxine (T4) *CMIA*	**6.8**	ng/dL	4.6 - 10.5	
TSH *CMIA*	**1.0581**	µIU/mL	0.4 - 4.2	

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 hormons vary according trimesper in pregnancy.

TSH ref range in Pregnacy	Reference range (microIU/ml)
First triemester	0.24 - 2.00
Second triemester	0.43-2.2
Third triemester	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/↑	↓

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

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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BIOCHEMICAL INVESTIGATIONS				
25 OH Cholecalciferol (D2+D3)	L **2.9**	ng/mL	20 - 32 Normal Level 10 - 20 Insufficiency < 10 Deficiency > 160 Toxicity	

25-OH-VitD plays a primary role in the maintenance of calcium homeostasis. It promotes intestinal calcium absorption and, in concert with PTH, skeletal calcium deposition, or less commonly, calcium mobilization. Modest 25-OH-VitD deficiency is common; in institutionalised elderly, its prevalence may be >50%. Although much less common, severe deficiency is not rare either. Reasons for suboptimal 25-OH-VitD levels include lack of sunshine exposure, a particular problem in Northern latitudes during winter; inadequate intake; malabsorption (e.g, due to Celiac disease); depressed hepatic vitamin D 25-hydroxylase activity, secondary to advanced liver disease; and enzyme-inducing drugs, in particular many antiepileptic drugs, including phenytoin, phenobarbital, and carbamazepine, that increase 25-OH-VitD metabolism. Hypervitaminosis D is rare, and is only seen after prolonged exposure to extremely high doses of vitamin D. When it occurs, it can result in severe hypercalcemia and hyperphosphatemia.

INTERPRETATION

- Levels <10 ng/mL may be associated with more severe abnormalities and can lead to inadequate mineralization of newly formed osteoid, resulting in rickets in children and osteomalacia in adults. In these individuals, serum calcium levels may be marginally low, and parathyroid hormone (PTH) and serum alkaline phosphatase are usually elevated. Definitive diagnosis rests on the typical radiographic findings or bone biopsy/histomorphometry.
- Patients who present with hypercalcemia, hyperphosphatemia, and low PTH may suffer either from ectopic, unregulated conversion of 25-OH-VitD to 1,25 (OH)2-VitD, as can occur in granulomatous diseases, particularly sarcoidosis, or from nutritionally-induced hypervitaminosis D. Serum 1,25 (OH)2-VitD levels will be high in both groups, but only patients with hypervitaminosis D will have serum 25-OH-VitD concentrations of >80 ng/mL, typically >150 ng/mL.
- Patients with CKD have an exceptionally high rate of severe vitamin D deficiency that is further exacerbated by the reduced ability to convert 25-OH- VitD into the active form, 1,25 (OH)2-VitD. Emerging evidence also suggests that the progression of CKD & many of the cardiovascular complications may be linked to hypovitaminosis D.
- Approximately half of Stage 2 and 3 CKD patients are nutritional vitamin D deficient (25-OH-VitD, less than 30 ng/mL), and this deficiency is more common among stage 4 CKD patients. Additionally, calcitriol (1,25 (OH)2-VitD) levels are also overtly low (less than 22 pg/mL) in CKD patients. Similarly, vast majority of dialysis patients are found to be deficient in nutritional vitamin D and have low calcitriol levels. Recent data suggest an elevated PTH is a poor indicator of deficiencies of nutritional vitamin D and calcitriol in CKD patients.CAUTIONS Long term use of anticonvulsant medications may result in vitamin D deficiency that could lead to bone disease; the anticonvulsants most implicated are phenytoin, phenobarbital, carbamazepine, and valproic acid.

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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BIOCHEMICAL INVESTIGATIONS				
Vitamin B - 12 Level	L **< 83**	pg/mL	180 - 914	

Introduction :
Vitamin B12, a member of the corrin family, s a cofactor for the formation of myelin, and along with folate, is required for DNA synthesis. Levels above 300 or 400 are rarely associated with B12 deficiency induced hematological or neurological disease.

Clinical Significance :
Causes of Vitamin B12 deficiency can be divided into three classes: Nutritional, malabsorption syndromes and gastrointestinal causes. B12 deficiency can cause Megaloblastic anemia (MA), nerve damage and degeneration of the spinal cord. Lack of B12 even mild deficiencies damages the myelin sheath. The nerve damage caused by a lack of B12 may become permanently debilitating.
The relationship between B12 and MA is not always clear that some patients with MA will have normal B12 levels; conversely, many individuals with B12 deficiency are not afflicted with MA.

Decreased in:
Iron deficiency, normal near-term pregnancy, vegetarianism, partial gastrectomy/ileal damage, celiac disease, use of oral contraception, parasitic competition, pancreatic deficiency, treated epilepsy and advancing age.

Increased in:
Renal failure, liver disease and myeloproliferative diseases.
Variations due to age Increases: with age.
Temporarily Increased after Drug.
Falsely high in Deteriorated sample.

---------- 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.

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PATIENT SAFETY & QUALITY OF CARE NABH ACCREDITED

PATIENT NAME:NIRAV DINESHKUMAR PATEL
GENDER/AGE:Male / 34 Years **DATE:23/07/22**
DOCTOR:DR.HASIT JOSHI
OPDNO:OSP28283

2D-ECHO

MITRAL VALVE	**: NORMAL**	
AORTIC VALVE	**: NORMAL**	
TRICUSPID VALVE	**: NORMAL**	
PULMONARY VALVE	**: NORMAL**	
AORTA	**: 33mm**	
LEFT ATRIUM	**: 34mm**	
LV Dd / Ds	**: 40/27mm**	**EF 65%**
IVS / LVPW / D	**: 10/10mm**	
IVS	**: INTACT**	
IAS	**: FLOPPY**	
RA	**: NORMAL**	
RV	**: NORMAL**	
PA	**: NORMAL**	
PERICARDIUM	**: NORMAL**	
VEL	**: PEAK**	**MEAN**
M/S	**: Gradient mm Hg**	**Gradient mm Hg**
MITRAL	**: 1.2/0.7m/s**	
AORTIC	**: 1.2m/s**	
PULMONARY	**: 0.9m/s**	
COLOUR DOPPLER	**: TRIVIAL MR, MILD TR**	
RVSP	**: 30mmHg**	
CONCLUSION	**: NORMAL LV SIZE / SYSTOLIC FUNCTION; MILD TR, NO PAH; IAS FLOPPY.**	

CARDIOLOGIST
DR.HASIT JOSHI (9825012235)

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GENDER/AGE:Male / 34 Years **DATE:23/07/22**
DOCTOR:
OPDNO:OSP28283

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.
Tiny right side cervical rib is seen.

DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST

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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 10.0 x 4.2 cms in size.
Left kidney measures about 10.2 x 4.1 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 100 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

23.07.2022 10:53:32 AM
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SARGASAN
GANDHINAGAR

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

Room:

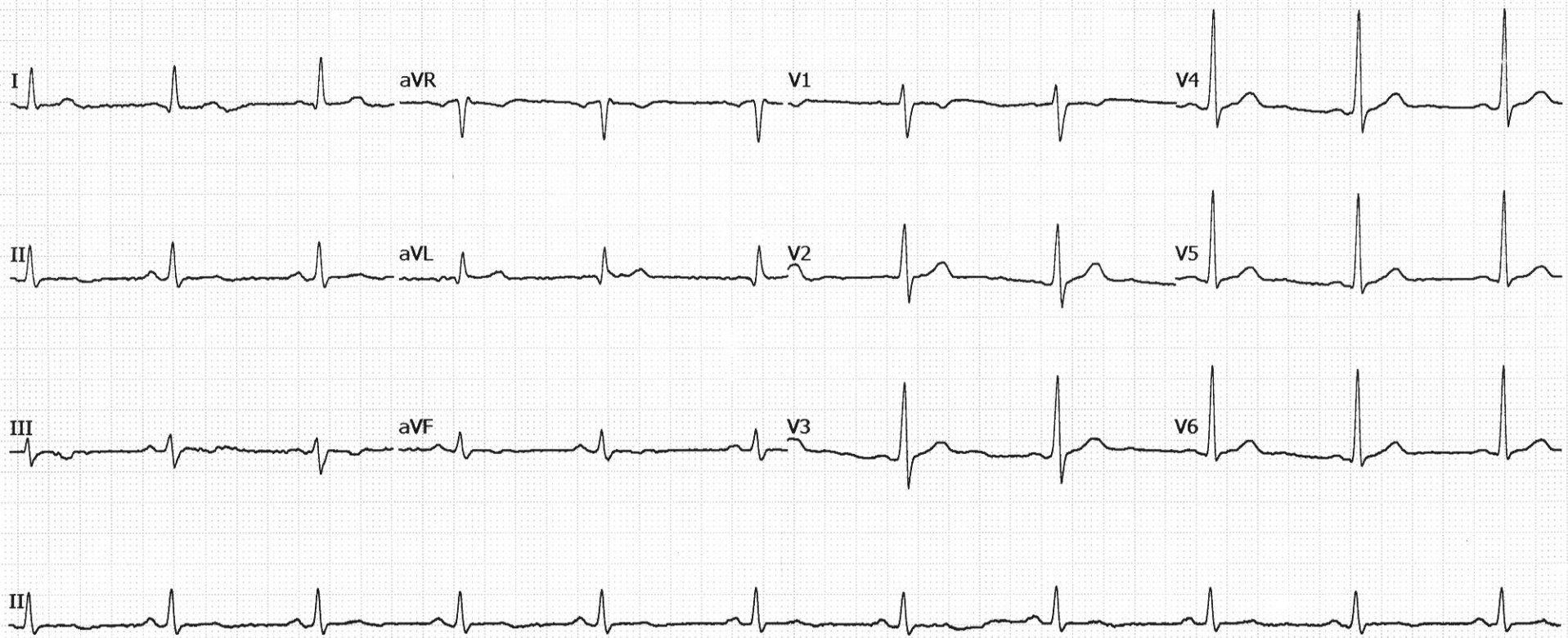
63 bpm
-- / -- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS :	96 ms
QT / QTcBaz :	382 / 390 ms
PR :	148 ms
P :	104 ms
RR / PP :	948 / 952 ms
P / QRS / T :	63 / 20 / -1 degrees

Normal sinus rhythm
Normal ECG

Nirav. D. patel



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