

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**  
H O S P I T A L



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

UHID:	Date:	Time:
Patient Name: Nidhim Jain	Age / Sex: 60 / M	Height: Weight:
History: Clo - Bowing Chem - HP.		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination: GIB VMK GIB EGL BE - Chem		
Diagnosis:		



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

UHID:	Date:	9/9/23	Time:
Patient Name:	Nitin Jain	Age / Sex:	40 / M
		Height:	
		Weight:	
Chief Complaint:			
History:	Routine dental check up		
Allergy History:			
Nutritional Screening:	Well-Nourished / Malnourished / Obese		
Examination:			
Extra oral:	- - Cantor term +		
Intra oral - Teeth Present:	Stain +		
	Teeth Absent: Cantors +++		
Diagnosis:			









To,

The Coordinator,  
Medhavi (Anandam) Healthcare Limited,  
Helpline number : 011-41190849

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

<u>PARTICULARS OF HEALTH CHECKUP BENEFICIARY</u>	
<u>NAME</u>	NITIN JAIN
<u>DATE OF BIRTH</u>	08-07-1983
<u>PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE</u>	07-08-2023
<u>BOOKING REFERENCE NO.</u>	23875TRG-300687585
<u>SPOUSE DETAILS</u>	
<u>EMPLOYEE NAME</u>	MRS. JAIN NEHA
<u>EMPLOYEE EC NO.</u>	75006
<u>EMPLOYEE DESIGNATION</u>	BRANCH OPERATIONS
<u>EMPLOYEE SUBJECT OF WORK</u>	GANDHINAGAR, WIDHAN SABHA
<u>EMPLOYEE BIRTH DATE</u>	05-05-1988

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. It's approval is valid from 05-08-2023 till 31-03-2024. The 'Go to' medical tests to be conducted is provided in the annexure to this letter. Please note that in a said health checkup a cashless facility as per our tie up arrangement. We request you to along 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**

(This letter is a computer generated form. No signature required. For any clarification please contact: 011-41190849)







**SUGGESTIVE LIST OF MEDICAL TESTS**

<b>FOR MALE</b>	<b>FOR FEMALE</b>
CBC	CBC
ESR	ESR
Blood Group & RH Factor	Blood Group & RH Factor
Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
Blood and Urine Sugar PP	Blood and Urine Sugar PP
Stool Routine	Stool Routine
<b>Lipid Profile</b>	<b>Lipid Profile</b>
Total Cholesterol	Total Cholesterol
HDL	HDL
LDL	LDL
VLDL	VLDL
Triglycerides	Triglycerides
HDL / LDL ratio	HDL / LDL ratio
<b>Liver Profile</b>	<b>Liver Profile</b>
AST	AST
ALT	ALT
GGT	GGT
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
ALP	ALP
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
<b>Kidney Profile</b>	<b>Kidney Profile</b>
Serum creatinine	Serum creatinine
Blood Urea Nitrogen	Blood Urea Nitrogen
Uric Acid	Uric Acid
HBA1C	HBA1C
Routine urine analysis	Routine urine analysis
USG Whole Abdomen	USG Whole Abdomen
<b>General Tests</b>	<b>General Tests</b>
X Ray Chest	X Ray Chest
ECG	ECG
<b>2D/3D ECHO / TMT</b> ✓	<b>2D/3D ECHO / TMT</b>
Stress Test	Stress Test
PSA Male (above 40 years)	Thyroid Profile (T3, T4, TSH) Mammography (above 40 years) and Pap Smear (above 30 years).
Thyroid Profile (T3, T4, TSH)	Dental Check-up consultation
Dental Check-up consultation	Physician Consultation
Physician Consultation	Eye Check-up consultation
Eye Check-up consultation	Skin/ENT consultation
Skin/ENT consultation	Gynaec Consultation





## LABORATORY REPORT

Name : NITIN JAIN	Sex/Age : Male / 40 Years	Case ID : 30902200364
Ref.By : HOSPITAL	Dis. At :	PL ID : 2965812
Bill. Loc. : Ashka hospital	Pt. Loc :	
Reg Date and Time : 10-Sep-2023 07:54	Sample Type :	Mobile No. :
Sample Date and Time : 10-Sep-2023 07:54	Sample Coll. By :	Ref Id1 : 00923082
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 : 023244782

### Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
<b>Blood Glucose Fasting &amp; Postprandial</b>			
Plasma Glucose - F	107.02	mg/dL	70 - 100
<b>Blood Urea Nitrogen (BUN)</b>			
BUN (Blood Urea Nitrogen)	8.7	mg/dL	8.90 - 20.60
<b>Lipid Profile</b>			
HDL Cholesterol	42.6	mg/dL	48 - 77
Triglyceride	178.98	mg/dL	<150
LDL Cholesterol	50.55	mg/dL	65 - 100

Abnormal Result(s) Summary End

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







## LABORATORY REPORT

Name : NITIN JAIN

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Male / 40 Years

Dis. At :

Case ID : 30902200364

Pt. ID : 2955812

Pt. Loc :

Reg Date and Time : 10-Sep-2023 07:54

Sample Type : Whole Blood EDTA

Mobile No :

Sample Date and Time : 10-Sep-2023 07:54

Sample Coll. By :

Ref Id1 : C0923082

Report Date and Time : 10-Sep-2023 09:27

Acc. Remarks : Normal

Ref Id2 : O23244782

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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### HAEMOGRAM REPORT

#### HB AND INDICES

Haemoglobin	14.8	G%	13.00 - 17.00	
RBC (Electrical Impedance)	5.03	millions/cumm	4.50 - 5.50	
PCV(Calc)	43.71	%	40.00 - 50.00	
MCV (RBC histogram)	86.9	fL	83.00 - 101.00	
MCH (Calc)	29.5	pg	27.00 - 32.00	
MCHC (Calc)	34.0	gm/dL	31.50 - 34.50	
RDW (RBC histogram)	13.30	%	11.00 - 16.00	

#### TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

Total WBC Count	8130	/ $\mu$ L	4000.00 - 10000.00	
Neutrophil	51.0	%	40.00 - 70.00	EXPECTED VALUES / $\mu$ L 2000.00 - 7000.00
Lymphocyte	29.0	%	20.00 - 40.00	/ $\mu$ L 1000.00 - 3000.00
Eosinophil	6.0	%	1.00 - 6.00	/ $\mu$ L 20.00 - 500.00
Monocytes	4.0	%	2.00 - 10.00	/ $\mu$ L 200.00 - 1000.00
Basophil	0.0	%	0.00 - 2.00	/ $\mu$ L 0.00 - 100.00

#### PLATELET COUNT (Optical)

Platelet Count	170000	/ $\mu$ L	150000.00 - 410000.00	
Neut/Lympho Ratio (NLR)	2.10		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: (L-L-VeryLow, L-Low, H-High, HH-VeryHigh, A-Abnormal)



Dr. Shreya Shah  
M.D. (Pathology)

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

Printed On : 10-Sep-2023 16:31







## LABORATORY REPORT

Name : NITIN JAIN

Ref.By : HOSPITAL

Bill Loc. : Aashka hospital

Sex/Age : Male / 40 Years

Dis. At :

Case ID : 30902200354

PL ID : 2965812

Pt. Loc :

Reg Date and Time : 10-Sep-2023 07:54

Sample Type : Whole Blood EDTA

Mobile No :

Sample Date and Time : 10-Sep-2023 07:54

Sample Coll. By :

Ref Id1 : 00823082

Report Date and Time : 10-Sep-2023 10:13

Acc. Remarks : Normal

Ref Id2 : 023244782

### TEST

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR Westergren Method	07		mm after 1hr 3 - 15	

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

Dr. Shreya Shah  
M.D. (Pathology)

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

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## LABORATORY REPORT

Name : NITIN JAIN

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Male / 40 Years

Case ID : 30902200364

Dis. At :

Pl. ID : 2985812

Pl. Loc :

Reg Date and Time : 10-Sep-2023 07:54

Sample Type : Whole Blood EDTA

Mobile No :

Sample Date and Time : 10-Sep-2023 07:54

Sample Coll. By :

Ref Id1 : 00923082

Report Date and Time : 10-Sep-2023 09:09

Acc. Remarks : Normal

Ref Id2 : 023244782

TEST

RESULTS

UNIT

BIOLOGICAL REF RANGE

REMARKS

### HAEMATOLOGY INVESTIGATIONS

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

ABO Type

Rh Type

B

POSITIVE

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

Dr. Shreya Shah  
M.D. (Pathologist)

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

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## LABORATORY REPORT

Name : NITIN JAIN

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Male / 40 Years

Case ID : 30902200354

Dis. At :

PL ID : 2988812

PL Loc :

Reg Date and Time : 10-Sep-2023 07:54

Sample Type : Spot Urine

Mobile No :

Sample Date and Time : 10-Sep-2023 07:54

Sample Coll. By :

Ref Id1 : 00923082

Report Date and Time : 10-Sep-2023 09:27

Acc. Remarks : Normal

Ref Id2 : 023244782

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-3600

Sp.Gravity 1.025

1.003 - 1.035

pH

5.5

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

/uI

Nil

Yeast

Nil

/uI

Nil

Cast

Nil

/LPF

Nil

Crystals

Nil

/HPF

Nil

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



Dr. Shreya Shah

M.D. (Pathologist)

Printed On : 10-Sep-2023 16:31









## LABORATORY REPORT

Name : NITIN JAIN

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Male / 40 Years

Dis. At :

Case ID : 30902200364

PL ID : 2985612

PL Loc :

Reg Date and Time : 10-Sep-2023 07:54 Sample Type : Spot Urine

Mobile No :

Sample Date and Time : 10-Sep-2023 07:54 Sample Col. By :

Ref Id1 : 00923082

Report Date and Time : 10-Sep-2023 09:27 Acc. Remarks : Normal

Ref Id2 : 023244782

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
Glucose	mg/dL	Negative (<30)	30	50	100	300
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/Notations			
			Trace	+	++	+++
Leukocytes (Strip)	/micro L	Negative (<10)	10	25	100	500
Nitrite(Strip)	-	Negative	-	-	-	-
Erythrocytes(Strip)	/micro L	Negative (<5)	10	25	50	150
Pus cells (Microscopic)	/hpf	<5	-	-	-	-
Red blood cells(Microscopic)	/hpf	<2	-	-	-	-
Cast (Microscopic)	/hpf	<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 : NITIN JAIN

Ref.By : HOSPITAL

Bill. Loc. : Aashika hospital

Sex/Age : Male / 40 Years

Case ID : 30902200364

Dis. At :

Pl. ID : 2955812

Pl. Loc :

Reg Date and Time : 10-Sep-2023 07:54

Sample Type : Plasma Fluoride F, Plasma Fluoride pp

Mobile No :

Sample Date and Time : 10-Sep-2023 07:54

Sample Coll. By :

Ref Id1 : 00823082

Report Date and Time : 10-Sep-2023 15:50

Acc. Remarks : Normal

Ref Id2 : 023244752

TEST RESULTS UNIT BIOLOGICAL REF RANGE

REMARKS

### BIOCHEMICAL INVESTIGATIONS

#### Blood Glucose Level (Fasting & Post Prandial)

Plasma Glucose - F <small>Photometric, Hexokinase</small>	H	107.02	mg/dL	70 - 100
Plasma Glucose - PP <small>Photometric, Hexokinase</small>		96.70	mg/dL	70.0 - 140.0

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

<100 mg/dL : Normal level

100-125 mg/dL : Impaired fasting glucose guidelines

>125 mg/dL : Probability of Diabetes, Confirm as per guidelines

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

Dr. Shreya Shah  
M.D. (Pathologist)

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

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## LABORATORY REPORT

Name : NITIN JAIN  
Ref.By : HOSPITAL  
Bill. Loc. : Aashka hospital

Sex/Age : Male / 40 Years  
Case ID : 30902200364  
Pt. ID : 2965812  
Pt. Loc :

Reg Date and Time : 10-Sep-2023 07:54 Sample Type : Serum  
Sample Date and Time : 10-Sep-2023 07:54 Sample Coll. By :  
Report Date and Time : 10-Sep-2023 13:45 Acc. Remarks : Normal

Mobile No :  
Ref Id1 : 00923082  
Ref Id2 : 023244782

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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### BIOCHEMICAL INVESTIGATIONS

#### Lipid Profile

Cholesterol Colorimetric, CHOD-PAP	128.95	mg/dL	110 - 200	
HDL Cholesterol	L 42.6	mg/dL	48 - 77	
Triglyceride Glycerol Phosphate Oxidase	H 178.98	mg/dL	<150	
VLDL Calculated	35.80	mg/dL	10 - 40	
Chol/HDL Calculated	3.03		0 - 4.1	
LDL Cholesterol Calculated	L 50.55	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 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

Notes: (L-Very Low, L-Low, H-High, HH-Very High, A-Abnormal)



Dr. Shreya Shah  
M.D. (Pathologist)

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

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## LABORATORY REPORT

Name : NITIN JAIN  
Ref.By : HOSPITAL  
Bill. Loc. : Aashka hospital

Sex/Age : Male / 40 Years Case ID : 30902200364  
Dis. At : PL ID : 2966612  
Pl. Loc. :

Reg Date and Time : 10-Sep-2023 07:54 Sample Type : Serum  
Sample Date and Time : 10-Sep-2023 07:54 Sample Coll. By :  
Report Date and Time : 10-Sep-2023 13:22 Acc. Remarks : Normal

Mobile No :  
Ref Id1 : 00923082  
Ref Id2 : 023244782

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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### BIOCHEMICAL INVESTIGATIONS

#### Liver Function Test

<b>S.G.P.T.</b> UV with Psp	18.09	U/L	16 - 63	
<b>S.G.O.T.</b> UV with Psp	20.17	U/L	15 - 37	
<b>Alkaline Phosphatase</b> Enzymatic, PNPP-ALP	109.2	U/L	48 - 116	
<b>Gamma Glutamyl Transferase</b> L-Gamma-glutamyl-3-carboxy-4-nitrobenzide Substrate	42.0	U/L	0 - 55	
<b>Proteins (Total)</b> Colorimetric, Silver	7.43	gm/dL	6.40 - 8.30	
<b>Albumin</b> Bromocresol purple	4.12	gm/dL	3.4 - 5	
<b>Globulin</b> Calculated	3.31	gm/dL	2 - 4.1	
<b>A/G Ratio</b> Calculated	1.2		1.0 - 2.1	
<b>Bilirubin Total</b> Photometry	0.30	mg/dL	0.3 - 1.2	
<b>Bilirubin Conjugated</b> Diazotization reaction	0.16	mg/dL	0 - 0.50	
<b>Bilirubin Unconjugated</b> Calculated	0.14	mg/dL	0 - 0.6	

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



Dr. Shreya Shah  
M.D. (Pathologist)

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

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## LABORATORY REPORT

Name : NITIN JAIN

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Male / 40 Years

Case ID : 30902200364

Dis. At :

Pt. ID : 2965912

Pt. Loc. :

Reg Date and Time : 10-Sep-2023 07:54

Sample Type : Serum

Mobile No. :

Sample Date and Time : 10-Sep-2023 07:54

Sample Coll. By :

Ref Id1 : O0923082

Report Date and Time : 10-Sep-2023 11:48

Acc. Remarks : Normal

Ref Id2 : O23244782

### TEST

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BUN (Blood Urea Nitrogen) GLDH	L 8.7	mg/dL	8.90 - 20.60	
Creatinine	1.02	mg/dL	0.50 - 1.50	
Uric Acid Urlicase	6.34	mg/dL	3.5 - 7.2	

Note: (L,VeryLow;L-Low;H-High;H-High;V-High;A-Abnormal)

Dr. Shreya Shah  
M.D. (Pathology)

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

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## LABORATORY REPORT

Name : NITIN JAIN

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Male / 40 Years

Case ID : 30902200364

Dis. At :

Pl. ID : 2965812

Pl. Loc :

Reg Date and Time : 10-Sep-2023 07:54

Sample Type : Whole Blood EDTA

Mobile No :

Sample Date and Time : 10-Sep-2023 07:54

Sample Coll. By :

Ref Id1 : 00923082

Report Date and Time : 10-Sep-2023 09:53

Acc. Remarks : Normal

Ref Id2 : 023244782

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>Glycated Haemoglobin Estimation</b>				
HbA1C	5.53	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) Calculated	112.01	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 Homocytogenous forms of rare variant Hb(Cc, Ss, Ee, Ss) 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 (L-L-VeryLow, L-Low, H-High, HH-VeryHigh, A-Abnormal)

**Dr. Shreya Shah**  
M.D. (Pathology)

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

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## CONDITIONS OF REPORTING

1. All laboratory investigations have their limitations which are imposed by the limits of sensitivity and specificity of individual assay procedures as well as the quality of the specimen received by the laboratory. Isolated laboratory investigations never confirm the final diagnosis of the disease, but only help in arriving at a diagnosis in conjunction with clinical presentation and other related investigations.
2. This result(s) refers only to the sample(s) received.
3. The test report shall not be reproduced exact in full, without written approval of the Neuberg Suprotech Reference Laboratory (NSRL).
4. For any query in this report, it is suggested to contact the concerned laboratory personnel as suggested in this table to help carry out follow-up action (rechecking, repeat sampling, refer confirmatory testing, etc.). Neuberg Suprotech Reference Laboratory (NSRL) follows a procedure of reaching & preserving samples after testing for a stipulated period after the retention period of the sample. A fresh specimen is requested.
5. Report results are for the information of the referring doctor only.
6. For tests performed on specimens received from non-Neuberg Suprotech Reference Laboratory (NSRL) locations (within and outside Ahmedabad), it is presumed that the specimen belongs to the patient named or identified. Such verification having been carried out at the point of generation of the test specimen.
7. A. HIV related rapid field INCOMPLETE RESULTS for various technical reasons and this response will appear upon the test being followed by detailed comment at the end of this report. It is expected that a fresh specimen will be sent for the purpose of retesting on the same specimen(s).
8. Neuberg Suprotech Reference Laboratory (NSRL) Ahmedabad is accredited by (CIR) and (NABL) for COVID-19 testing.

Lab Reports & Advisory Services	Contact Numbers
Biochemistry & Immunology	079-40408120
Microbiology	079-40408145
Hematology & Coagulation	079-40408132
Hematology & Clinical Pathology	079-40408114
Flow Cytometry, Coagulation & Electrolytes	079-40408117
Genetics	079-40408161
Other Services	Contact Numbers
Marketing, Clinical Trials & Corporate Affairs : Dr. Anas Shukla	7698009612
Marketing - Laboratories : Mr. Sunil Panthaj	9824002011
Billing & Accounts : Ms. Pooja Patel	9824728315
IT & ITMS : Request for Details Collection & General Information : Mrs. Sonal Shah	9824408723
Sample Transport : Pick-up & Report Dispatch : Mr. Suchit Choudhan	7698009003

Any query may also be directed online at [contact@suprotechlaba.com](mailto:contact@suprotechlaba.com) with attention to the concerned personnel.

### Neuberg Suprotech Branches in Ahmedabad

Sardar Bhawan - Ph : 079-40408111, 4057244307, Bapungar - 63567800122,  
Maninagar - 079-40408282, 25450800, Bopal - 02717-2388182, Gola - 6357244303  
Bhuyangder - 9870574264

### Neuberg Suprotech's Collection Centers in Ahmedabad

Sachinbuj - 079-25550334, Shyamul - 079-26743434, Paldi - 6355900406

### Neuberg Suprotech Reference Laboratories

"MEDIAN" Opamina Kripa Petrol Pump  
Near Park at Garden, Ahmedabad - 380006  
Phone : 079-40408131 / 41616161  
Email : [contact@suprotechlaba.com](mailto:contact@suprotechlaba.com)  
Website : [www.neubergsuprotech.com](http://www.neubergsuprotech.com)

### Regd. Office :

Neuberg Suprotech Reference Laboratories Private Limited  
(Privately owned as Neuberg Suprotech Laboratories & Services Pvt Ltd)  
Trivikram Saptagiri Bhawan, 13, IV Street  
Abhramapuram, Chennai - 600039, Tamil Nadu  
CIN : U83199TN2013PTCL131947





## LABORATORY REPORT

Name : NITIN JAIN

Ref.By : HOSPITAL

Bill. Loc. : Ashka hospital

Sex/Age : Male / 40 Years

Dis. At :

Case ID : 30902200364

Pl. ID : 2955812

Pl. Loc :

Reg Date and Time : 10-Sep-2023 07:54

Sample Type : Serum

Sample Date and Time : 10-Sep-2023 07:54

Report Date and Time : 10-Sep-2023 10:25

Acc. Remarks : Normal

Mobile No :

Ref Id1 : 00923082

Ref Id2 : 023244782

TEST

RESULTS

UNIT BIOLOGICAL REF RANGE REMARKS

### Thyroid Function Test

Triiodothyronine (T3) 127.92 ng/dL 70 - 204

Thyroxine (T4) 11.42 ng/dL 4.87 - 11.72

TSH 1.59 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 anti-animal 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

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

Dr. Shreya Shah  
M.D. (Pathologist)

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

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Printed On : 10-Sep-2023 18:31









## LABORATORY REPORT

Name : NITIM JAIN

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Male / 40 Years

Dis. At :

Case ID : 30902200364

PL ID : 2965512

PL Loc :

Reg Date and Time : 10-Sep-2023 07:54

Sample Date and Time : 10-Sep-2023 07:54

Report Date and Time : 10-Sep-2023 10:25

Sample Type : Serum

Sample Coll. By :

Acc. Remarks : Normal

Mobile No :

Ref Id1 : O0823082

Ref Id2 : O23244782

**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, 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 result to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (an alternative screening test), when the s-TSH 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, hypothyroidism 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  
First trimester  
Second trimester  
Third trimester

Reference range (microIU/ml)

0.24 - 2.00

0.43-2.2

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	N	N	↓
Subclinical Hypothyroidism	N	N/↑	↑
Patient on treatment			↓

----- 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)

Dr. Shreya Shah  
M.D. (Pathologist)

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

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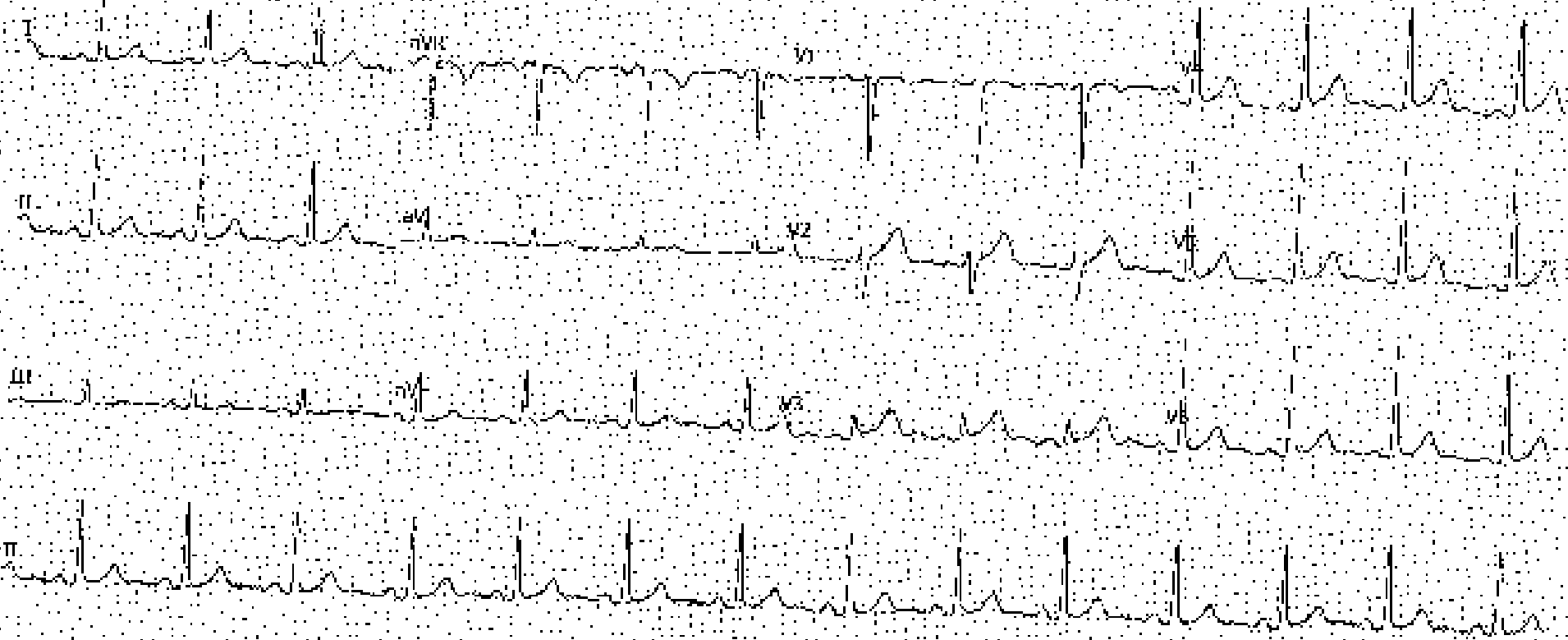


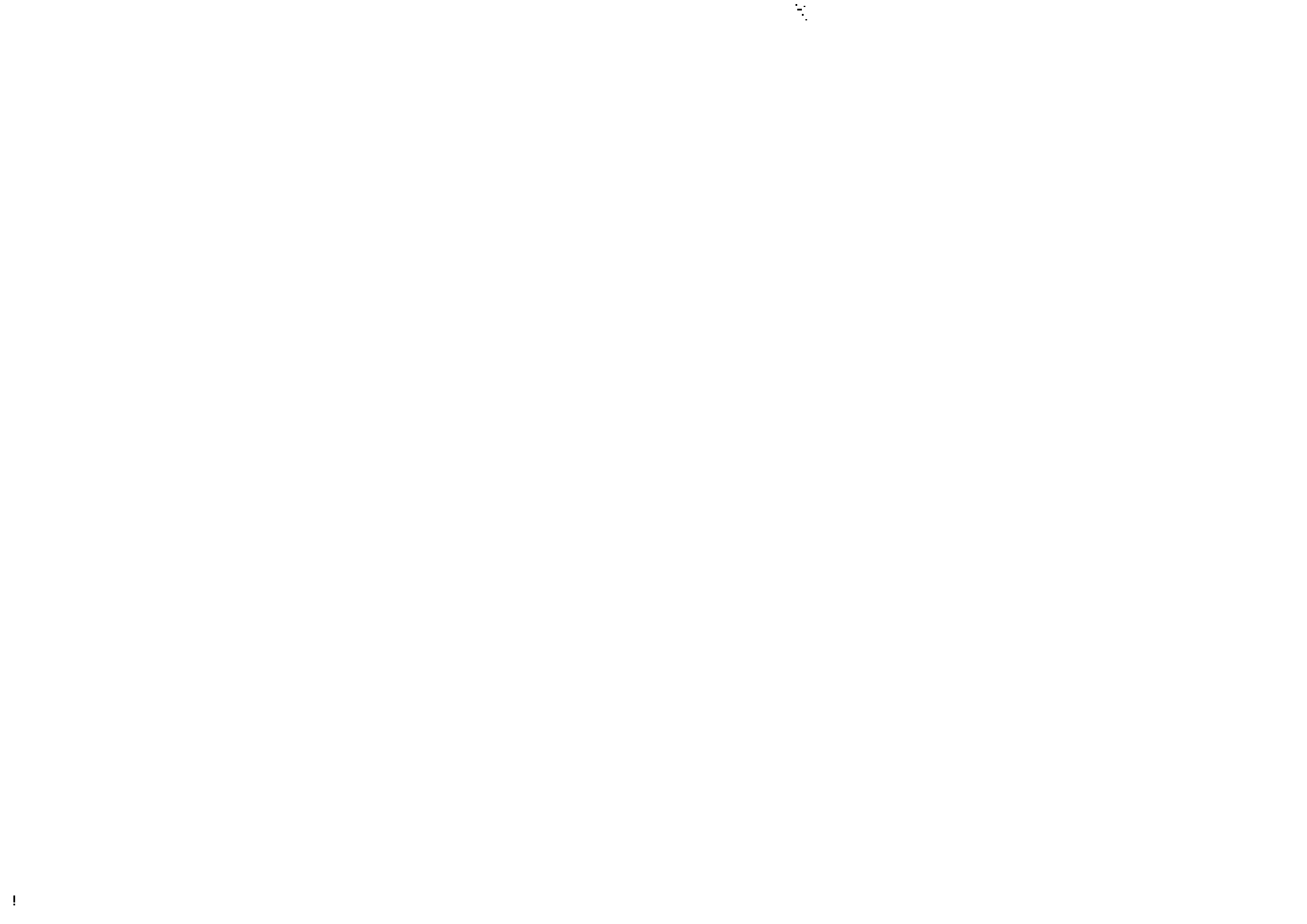


YS In apy  
Q Jerrg Ph  
Refct ng Ph  
ausing Ph

QRS: 81 ms  
QT / QTc Baz: 300 / 428 ms  
PR: 136 ms  
P: 109 ms  
BR / PP: 706 / 705 ms  
P / QRS / T: 51 / 17 / 47 degrees

Normal sinus rhythm  
Minimal voltage criteria for LVT may be normal variant  
borderline ECG







## EXERCISE STRESS TEST REPORT

Patient Name: JAIN, NITIN  
Patient ID: O0923082  
Height: 172 cm  
Weight: 75 kg

DOB: 08.07.1983  
Age: 40yrs  
Gender: Male  
Race: Indian

Study Date: 09.09.2023  
Test Type: --  
Protocol: BRUCE

Referring Physician: --  
Attending Physician: DR. SANKET MATHUKIYA  
Technician: --

Medications: --

Medical History: --

### Reason for Exercise Test:

--

### Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:22	0.00	0.00	88	120/80	
	STANDING	00:02	0.00	0.00	88		
	HYPERV	00:02	0.00	0.00	90		
	WARM-UP	02:28	1.00	0.00	88		
EXERCISE	STAGE 1	03:00	1.70	10.00	122	140/80	
	STAGE 2	03:00	2.50	12.00	136	170/80	
	STAGE 3	03:00	3.40	14.00	144	170/90	
	STAGE 4	00:52	4.20	16.00	151		
RECOVERY		04:02	0.00	0.00	104	160/86	

The patient exercised according to the BRUCE for 9:51 mins, achieving a work level of Max. METS: 12.90. The resting heart rate of 88 bpm rose to a maximal heart rate of 153 bpm. This value represents 85 % of the maximal, age-predicted heart rate. The resting blood pressure of 120/80 mmHg, rose to a maximum blood pressure of 170/90 mmHg. The exercise test was stopped due to Fatigue.

### Interpretation

Summary: Resting ECG: normal.  
Functional Capacity: normal.  
HR Response to Exercise: appropriate.  
BP Response to Exercise: normal resting BP - appropriate response.  
Chest Pain: none.  
Arrhythmias: none.  
ST Changes: none.  
Overall impression: Normal stress test.

### Conclusions

STRESS TEST FOR INDUCIBLE ISCHAEMIA IS NEGATIVE

Physician



Technician





**Aashka Hospitals Ltd.**

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CIN: L85110GJ2012PLC072647



**PATIENT NAME: NITIN JAIN**

**GENDER/AGE: Male / 40 Years**

**DOCTOR:**

**OPDNO: O0923082**

**DATE: 09/09/23**

### **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:** NITIN JAIN

**GENDER/AGE:** Male / 40 Years

**DOCTOR:**

**OPDNO:** O0923082

**DATE:** 09/09/23

### SONOGRAPHY OF ABDOMEN AND PELVIS

**LIVER:** Liver appears normal in size and shows increased 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 collapsed. No evidence of pericholecystic fluid collection is seen.

**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 4.0 cms in size.  
Left kidney measures about 9.9 x 4.2 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 130 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 16 cc.

**COMMENT:** Grade I fatty changes in liver.

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

  
**DR. SNEHAL PRAJAPATI**  
CONSULTANT RADIOLOGIST

