

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	MEERA PRAJAPATI
DATE OF BIRTH	01-01-1989
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	25-02-2023
BOOKING REFERENCE NO.	22M172450100041458S
	SPOUSE DETAILS
EMPLOYEE NAME	MR. PRAJAPATI GHANSHYAM
EMPLOYEE EC NO.	172450
EMPLOYEE DESIGNATION	CENTRALISED CREDIT CELL
EMPLOYEE PLACE OF WORK	GANDHINAGAR, GIFT CITY, NATIONAL
EMPLOYEE BIRTHDATE	30-07-1983

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 10-02-2023 till 31-03-2023. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a cashless facility as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee's spouse and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager HRM Department Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))

CIN: L85110GJ2012PLC072647

Between Sargasan and Reliance Cross Roads Sargasan, Candhinagar - 382421. Gujarat, India Phone: 079 29750750, +91-7575006000 / 9000 Emergency No.: +91-7575007707 / 9879752777 www.aashkahospitals.in



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

UHID:	Date: 20 (2)	Time:	/
Patient Name: Neera	Pragapati	Age /Sex: Height: Weight:	34/F
History:			
8 D			
Examination: Root pur	0/0		
- Carriog	0		
Diagnosis:			

Treatment: Salva.

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www.aashkahospitals.in CIN: L85110GJ2012PLC072647



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

UHID:		Date:	. Time:	
Patient Name: Mee.	ry prej	del pounts	Age /Sex:	
			Height:	
			Weight:	
History:	0			
History:	Jums	Check	yp.	
do.				
			90	
40				
Allergy History:				
Nutritional Screening: We	II-Nourished / Ma	Inourished / Obes	e	
Examination:				
<u></u>	NWC	19		
	VML	C1 A		
		00		
			2	
Diagnosis:				
*				

Rx			-			
No	Dosage Form	Name of drug (IN BLOCK LETTERS ONLY)	Dose	Route	Frequency	Duration
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		1				
Eye ex	amination:					
		RIGHT	LEFT			
		S C A S	С	Α		
		D P	p			
Other	Advice:					
ollow-	·up:					
Consult	tant's Sign:					B
						L

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www.aashkahospitals.in CIN: L85110GJ2012PLC072647



DR. PRAKASH D MAKWANA M.D. REG.NO.G-29078 MO.NO-9722116164

UHID: Da	te: 28 02 21 Time: C! UP DI
Patient Name: MEELA	Height:
Age /Sex: 3 4 P LMP:	Weight:
History:	
C/C/O:	History:
2 Days NK	No.
3 ROUTSNE MEARLTH	-1100
H EXLTH	
CHEURUS	
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
× 1	
Allergy History:	Addiction:
Nutritional Screening: Well-Nourished / Malnourish	shed / Obese
Vitals & Examination:	
Townstand	
Temperature: AFERYBLA	
Pulse: A Mo	
BP: 90/60 MM	
SPO2:	
ach or hour	
Provisional Diagnosis:	

e:					
			28		
		g v i gva rega			
		- 4	Page Pour	te Frequency	Duration
No	Dosage Form	Name of drug	Dose Rou	ic rieque,	
10		(IN BLOCK LETTERS ONLY)			
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117		2) AM	I) NI	HI	
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					*
		RBS- hourly	Diet Advice:		
Insulin S	Scale	RBS- hourly		-	
		070	Follow-up:	-	
< 150 -	30	300-350 -	1011017	8	
150-20	0 –	350-400 -	Sign:	1100	١.
200-25		400-450 -	Jigiii	(-V)	, D
250-30		> 450 -			

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www.aashkahospitals.in CIN: L85110GJ2012PLC072647



PATIENT NAME:MEERA PRAJAPATI

GENDER/AGE:Female / 34 Years

DOCTOR:

OPDNO:00223218

DATE:25/02/23

SONOGRAPHY OF ABDOMEN

LIVER: Liver appears normal in size and normal parenchymal echoes. No evidence of focal lesion is seen. No evidence of dilated IHBR is seen. Intrahepatic portal radicals 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, renal hydronephrosis or mass lesion is seen on either side. No evidence of perinephric fluid collection is seen.

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.

COMMENT:

Normal sonographic appearance of liver, GB, pancreas, spleen, kidneys.

SONOGRAPHY OF FOETUS

LMP-07/09/2022

PERIOD OF AMENORRHOEA- 24 WKS 3 DAYS

FOETUS: There is evidence of single viable intrauterine foetus with CEPHALIC HEAD presentation at present. Foetal movements and cardiac activity are noted on B/M mode.

No apparent foetal anomaly is seen at present.

Foetal maturity seems to be about 24 wks 5 days according to BPD - 62 mm about 25 wk 0 days, AC - 192 mm about 24 wk 0 days

FL - 46 mm about 25 wk 2 days.

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EDD is 12/06/2023

Foetal heart rate is about 146 /min.

Approximate foetal weight is about 700 +/- 105 grams.

PLACENTA: Placenta is posterior with grade 2 maturity. No evidence of retroplacental hematoma is seen. No evidence of placenta previa is seen.

AMNIOTIC FLUID: Adequate.

Internal cervical os is closed.

Cervical length is about 4.0 cms.

UTERINE ARTERIES:

Both the uterine arteries show normal flow velocity with normal spectral wave form and normal R.I. value and S/D ratio. No evidence of reversal of flow is seen.

UMBILICAL ARTERIES:

Umbilical artery at foetal and placental ends shows normal flow velocity with normal diastolic flow and R.I. values. No evidence of diastolic reversal of flow is noted.

Normal S/D ratio is noted.

COMMENTS:

- Single viable intrauterine pregnancy of 24 wks 5 days maturity with cephalic head presentation at present.
- No evident obvious foetal anomaly at present.

RADIOLOGIST DR.MEHUL PATELIYA

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PATIENT NAME:MEERA PRAJAPATI

GENDER/AGE: Female / 34 Years

DOCTOR:

OPDNO:O0223218

DATE:25/02/23

2D-ECHO

MITRAL VALVE

: MILD MVP

AORTIC VALVE

: NORMAL

TRICUSPID VALVE

: NORMAL

PULMONARY VALVE

: NORMAL

AORTA

: 29mm

LEFT ATRIUM

: 32mm

LV Dd / Ds

: 35/23m/s

**** (* ******* / *

IVS / LVPW / D

: 35/23

EF-65%

IVS

: 10/9 m/s

IAS

: INTACT

RA

: INTACT

RV

: NORMAL

PA

:NORMAL

PERICARDIUM

: NORMAL

VEL

PEAK

MEAN

M/S

100

Gradient mm Hg

Gradient mm Hg

MITRAL

: 1.3/0.7 m/s

AORTIC

: 1.2 m/s

PULMONARY

: 0.9 m/s

COLOUR DOPPLER

: MILD MR(20%) MILD TR

RVSP

: 32mmHg

CONCLUSION

: MILD MVP/MILD MR

NORMAL LV SIZE AND SYSTOLIC FUNCTION

MILD TR

CARDIOLOGIST

DR.HASIT JOSHI (9825012235)



		LABORATORY	REPORT			
Name : MEERA PRA	AJAPATI		Sex/Age : Female/ 34 Years	Case ID	: 30202200599	
Ref.By : HOSPITAL			Dis. At :	Pt. ID	: 2580326	
Bill. Loc. ; Aashka hosp	pital			Pt. Loc	:	
Reg Date and Time	: 25-Feb-2023 09:41	Sample Type	:	Mobile No	:	
Sample Date and Time	: 25-Feb-2023 09:41	Sample Coll. By	:	Ref Id1	: O0223218	
Report Date and Time	:	Acc. Remarks	: Normal	Ref Id2	: O22239313	

Abnormal Result(s) Summary

	Abiloffila Resul	t(s) Summary	
Test Name	Result Value	Unit	Reference Range
Blood Glucose Fasting & Postp	randial		
Plasma Glucose - PP	145.50	mg/dL	70.0 - 140.0
Blood Urea Nitrogen (BUN)		and colours assessed and a second second and a second and	
BUN (Blood Urea Nitrogen)	5.2	mg/dL	6.00 - 20.00
Haemogram (CBC)	THE PARTY SEED SHOW MAKE AND ADDRESS TO THE PARTY SEED SHOW THE PA	and the state of the state of the state of the state of	
Haemoglobin (Colorimetric)	10.5	G%	12.00 - 15.00
RBC (Electrical Impedance)	3.17	millions/cu mm	3.80 - 4.80
PCV(Calc)	31.86	%	36.00 - 46.00
MCH (Calc)	33.1	pg	27.00 - 32.00
RDW (RBC histogram)	16.30	%	11.00 - 16.00
Total WBC Count	11240	/µL	4000.00 - 10000.00
Neutrophil	77.0	%	40.00 - 70.00
_ymphocyte	18.0	%	20.00 - 40.00
Neutrophil	8655	/µL	2000.00 - 7000.00
Neutrophil to Lymphocyte Ratio (NLR)	4.28		0.78 - 3.53
ipid Profile			and the state of t
Cholesterol	204.93	mg/dL	110 - 200
Triglyceride	241.19	mg/dL	40 - 200
/LDL	48.24	mg/dL	10 - 40
iver Function Test			THE REST OF THE PARTY OF THE PA
Bilirubin Total	0.13	mg/dL	0.2 - 1.0
ESR	36	mm after 1hr	3 - 20

Abnormal Result(s) Summary End

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

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		L	ABORATOR	RY REPO	RT				
Name : MEERA PRAJAPAT Ref.By : HOSPITAL Bill. Loc. : Aashka hospital	1			Sex/A	ge ; Female At :	/ 34		Case Pt. ID Pt. Lo	: 2580326 c :
Sample Date and Time : 25-Fe Report Date and Time : 25-Fe	eb-20 eb-20	023 09:41 023 09:41 023 10:24 RESULTS	Sample Type Sample Coll. Acc. Remark	By :	mal BIOLOGICAL			Mobile I Ref Id1 Ref Id2 VAL	No : : 00223218 : 022239313 REMARKS
TEST		11200210		GRAM RE	PORT				
HB AND INDICES Haemoglobin (Colorimetric) RBC (Electrical Impedance) PCV(Calc) MCV (RBC histogram) MCH (Calc) MCHC (Calc) RDW (RBC histogram) TOTAL AND DIFFERENTIAL WITOTAL W	3C C	11240	% fL pg gm/d % owcytometry) /µL E	L		0	00 [Abs] 8655 2023	/µL /µL	EXPECTED VALUES 2000.00 - 7000.00 1000.00 - 3000.00
Eosinophil Monocytes Basophil		3.0 2.0 0.0	%	1.00 - 6.00 2.00 - 10.0 0.00 - 2.00	00		337 225 0	/µL	20.00 - 500.00 200.00 - 1000.00 0.00 - 100.00
PLATELET COUNT (Optical) Platelet Count Neutrophil to Lymphocyte Ratio (NLR)	н	282000 4.28	/µL		150000.00 - 0.78 - 3.53	4100	00.00		
SMEAR STUDY RBC Morphology WBC Morphology Platelet		Leucocy	ytic Normochr rtosis Neutrop s are adequate	hilia					

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

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

Parasite

Dr. Shreya Shah M.D. (Pathologist) Page 2 of 14

Printed On: 25-Feb-2023 15:29

CAP ACCREDITED

Malarial Parasite not seen on smear.



Name MEERA PRAJAPATI Sex/Age : Female/ 34 Years

: 30202200599 Case ID

: HOSPITAL Ref.By

Dis. At :

Pt. ID : 2580326

Pt. Loc

Reg Date and Time

: 25-Feb-2023 09:41

Sample Type

: Whole Blood EDTA

Mobile No :

Sample Date and Time : 25-Feb-2023 09:41

Bill. Loc. : Aashka hospital

Ref Id1

Sample Coll. By :

: 00223218

Report Date and Time : 25-Feb-2023 10:24

Acc. Remarks

Normal

Ref Id2 : 022239313

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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H 36

LABORATORY REPORT 30202200599 Sex/Age : Female/ 34 Years Case ID : MEERA PRAJAPATI Name Pt. ID : 2580326 Ref.By : HOSPITAL Dis. At : Pt. Loc Bill. Loc. ; Aashka hospital Mobile No : : 25-Feb-2023 09:41 Sample Type : Whole Blood EDTA Reg Date and Time : 00223218 Ref Id1 Sample Coll. By Sample Date and Time : 25-Feb-2023 09:41 Acc. Remarks Ref Id2 : 022239313 Normal Report Date and Time : 25-Feb-2023 13:31 UNIT BIOLOGICAL REF RANGE REMARKS TEST **RESULTS**

mm after 1hr 3 - 20

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

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

ESR

Dr. Shreya Shah M.D. (Pathologist) Page 4 of 14





MEERA PRAJAPATI Name

Sex/Age : Female/ 34 Years

: 30202200599 Case ID

Ref.By : HOSPITAL

Dis. At :

Pt. ID : 2580326

Bill. Loc. : Aashka hospital

Pt. Loc

Reg Date and Time

: 25-Feb-2023 09:41

Sample Type

Mobile No :

Sample Date and Time : 25-Feb-2023 09:41

: Whole Blood EDTA

Sample Coll. By :

RESULTS

 Normal Ref Id2

: 00223218 Ref Id1

Report Date and Time : 25-Feb-2023 09:51 Acc. Remarks

UNIT

BIOLOGICAL REF RANGE

REMARKS

: 022239313

HAEMATOLOGY INVESTIGATIONS

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

ABO Type

Rh Type

TEST

POSITIVE

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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BIOLOGICAL REF RANGE REMARKS

30202200599 Sex/Age : Female/ 34 Years Case ID Name MEERA PRAJAPATI

Pt. ID 2580326 : HOSPITAL Dis. At : Ref.By

Pt. Loc Bill. Loc. : Aashka hospital

Reg Date and Time · 25-Feb-2023 09:41 Sample Type : Spot Urine Mobile No :

Sample Date and Time : 25-Feb-2023 09:41 Ref Id1 : 00223218 Sample Coll. By : Normal Ref Id2 022239313

Report Date and Time : 25-Feb-2023 11:16 Acc. Remarks

UNIT URINE EXAMINATION (STRIP METHOD AND FLOWCYTOMETRY)

5 - 8

Physical examination

TEST

Colour Pale yellow

Clear Transparency

Chemical Examination By Sysmex UC-3500

1.010 1.005 - 1.030 Sp.Gravity 7.50

RESULTS

pH Negative Negative Leucocytes (ESTERASE) Negative Negative Protein

Negative Negative Glucose Negative **Ketone Bodies Urine** Negative Urobilinogen Negative Negative

Negative Bilirubin Negative Negative Negative Blood Negative Negative Nitrite

Flowcytometric Examination By Sysmex UF-5000

Nil /HPF Nil Leucocyte Nil /HPF Nil Red Blood Cell

Epithelial Cell Present + /HPF Present(+)

Nil /ul Nil Bacteria Nil Yeast Nil /ul /LPF Nil Nil Cast /HPF Nil Nil Crystals

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

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

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: MEERA PRAJAPATI Name

Sex/Age : Female/ 34 Years

Case ID : 30202200599

Ref.By : HOSPITAL

Dis. At :

: Normal

Pt. ID : 2580326

Pt. Loc

Bill. Loc. ; Aashka hospital

: 25-Feb-2023 09:41

Sample Type : Spot Urine

Mobile No :

: 00223218

Sample Date and Time : 25-Feb-2023 09:41

Reg Date and Time

Report Date and Time : 25-Feb-2023 11:16 Acc. Remarks

Sample Coll. By :

Ref Id1

Ref Id2 : 022239313

Parameter	Unit	Expected value	Result/Notations					
			Trace	+	++	+++	++++	
pН	-	4.6-8.0	- X	-		1 1 1 2	in the	
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	2	2	-	-	-	
Cast (Microscopic)	/lpf	<2	-	-	-	-	-	

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

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

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Name : MEERA PRAJAPATI Sex/Age : Female/ 34 Years Case ID : 30202200599

Ref.By : HOSPITAL Dis. At : Pt. ID : 2580326

Bill. Loc. ; Aashka hospital Pt. Loc ;

Reg Date and Time : 25-Feb-2023 09:41 | Sample Type : Plasma Fluoride F, Plasma | Mobile No :

Fluoride PP

Sample Date and Time : 25-Feb-2023 09:41 | Sample Coll. By : | | Ref Id1 : 00223218

Report Date and Time · 25-Feb-2023 15:18 Acc. Remarks · Normal Ref Id2 · O22239313
TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

BIOCHEMICAL INVESTIGATIONS

Biochemical Investigations by Dimension EXL (Siemens)

Plasma Glucose - F 89.42 mg/dL 70.0 - 100

Plasma Glucose - PP H 145.50 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)

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

M.D. (Pathologist)

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Sex/Age : Female/ 34 Years

Case ID : 30202200599

Dis. At :

Pt. ID : 2580326

Pt. Loc

Bill. Loc. : Aashka hospital

Ref.By : HOSPITAL

: MEERA PRAJAPATI

: 25-Feb-2023 09:41 | Sample Type

: Serum

Mobile No :

Sample Date and Time : 25-Feb-2023 09:41

Reg Date and Time

Sample Coll. By :

Ref Id1 : 00223218

Report Date and Time : 25-Feb-2023 14:24 Acc. Remarks

: Normal

Ref Id2

: 022239313

TEST

Name

RESULTS

UNIT

BIOLOGICAL REF RANGE

REMARKS

BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol	Н	204.93	mg/dL	110 - 200
HDL Cholesterol		73.4	mg/dL	48 - 77
Triglyceride	Н	241.19	mg/dL	40 - 200
VLDL Calculated	Н	48.24	mg/dL	10 - 40
Chol/HDL Calculated		2.79		0 - 4.1
LDL Cholesterol Calculated		83.29	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	-	-	MATERIAL STREET, STREE

- 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

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

Dr. Manoj Shah

Dr. Shreya Shah

M.D. (Path. & Bact.)

M.D. (Pathologist)

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: MEERA PRAJAPATI Name Sex/Age : Female/ 34 Years : 30202200599

Ref.By : HOSPITAL Dis. At : Pt. ID : 2580326

Bill. Loc. ; Aashka hospital Pt. Loc

: 25-Feb-2023 09:41 Reg Date and Time Sample Type : Serum Mobile No :

Sample Date and Time : 25-Feb-2023 09:41 Sample Coll. By : Ref Id1 : 00223218 Report Date and Time : 25-Feb-2023 14:24 Acc. Remarks : Normal Ref Id2 : 022239313

TEST RESULTS UNIT **BIOLOGICAL REF RANGE** REMARKS

BIOCHEMICAL INVESTIGATIONS

Liver Function Test

S.G.P.T.		11.22	U/L	0 - 31
S.G.O.T.		17.60	U/L	15 - 37
Alkaline Phosphatase		76.10	U/L	35 - 105
Gamma Glutamyl Transferase		8.02	U/L	5 - 36
Proteins (Total)		6.76	gm/dL	6.4 - 8.2
Albumin		3.64	gm/dL	3.4 - 5
Globulin Calculated		3.12	gm/dL	2 - 4.1
A/G Ratio Calculated		1.2		1.0 - 2.1
Bilirubin Total	L	0.13	mg/dL	0.2 - 1.0
Bilirubin Conjugated		0.06	mg/dL	
Bilirubin Unconjugated Calculated		0.07	mg/dL	0 - 0.8

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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: MEERA PRAJAPATI

LABORATORY REPORT Sex/Age : Female/ 34 Years : 30202200599 Dis. At : Pt. ID : 2580326 Pt. Loc : 25-Feb-2023 09:41 Sample Type : Serum Mobile No : Sample Date and Time : 25-Feb-2023 09:41 Sample Coll. By Ref Id1 : O0223218 Report Date and Time : 25-Feb-2023 14:24 Acc. Remarks Normal

Ref Id2

: O22239313

TEST **RESULTS** UNIT **BIOLOGICAL REF RANGE** REMARKS **BUN (Blood Urea Nitrogen)** 5.2 mg/dL 6.00 - 20.00Creatinine 0.56 mg/dL 0.50 - 1.50**Uric Acid** 4.94 2.6 - 6.2 mg/dL

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

Dr. Manoj Shah

Name

Ref.By : HOSPITAL

Reg Date and Time

Bill. Loc. : Aashka hospital

M.D. (Path. & Bact.)

Dr. Shreya Shah

M.D. (Pathologist)

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Name : MEERA PRAJAPATI Sex/Age : Female/ 34 Years Case ID : 30202200599

Ref.By : HOSPITAL Dis. At : Pt. ID : 2580326

Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 25-Feb-2023 09:41 | Sample Type : Whole Blood EDTA | Mobile No :

 Sample Date and Time
 : 25-Feb-2023 09:41
 Sample Coll. By
 Ref Id1
 : 00223218

 Report Date and Time
 : 25-Feb-2023 13:31
 Acc. Remarks
 : Normal
 Ref Id2
 : 022239313

TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

Glycated Haemoglobin Estimation

HbA1C 5.00 % of total Hb <5.7: Normal

5.7-6.4: Prediabetes >=6.5: Diabetes

Estimated Avg Glucose (3 Mths) 96.80 mg/dL

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.

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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	I	LABORATORY	REPORT			
Name : MEERA PR	AJAPATI		Sex/Age	; Female/ 34 Years	Case ID	: 30202200599
Ref.By : HOSPITAL			Dis. At	:	Pt. ID	: 2580326
Bill. Loc. ; Aashka hosp	oital				Pt. Loc	:
Reg Date and Time	: 25-Feb-2023 09:41	Sample Type	: Serum		Mobile No	:
Sample Date and Time	: 25-Feb-2023 09:41	Sample Coll. By	<i>i</i> :		Ref Id1	: O0223218
Report Date and Time	: 25-Feb-2023 12:32	Acc. Remarks	; Normal		Ref Id2	: O22239313
TEST	RESU	LTS	UNIT	BIOLOGICAL REF	RANGE	REMARKS
		Thyroid Fu	unction To	est		
Triiodothyronine (T3)	108.61	1	ng/dL	70 - 204		
Thyroxine (T4)	7.3		ng/dL	5.5 - 11.0		
TSH CMIA INTERPRETATIONS	2.015		μIU/mL	0.4 - 4.2		

- 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 Pregnacy

First trimester Second trimester Third trimester Reference range (microIU/ml)

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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: MEERA PRAJAPATI Name Sex/Age : Female/ 34 Years : 30202200599

Ref.By : HOSPITAL : 2580326 Dis. At : Pt. ID

Bill. Loc. : Aashka hospital Pt. Loc

: 25-Feb-2023 09:41 Reg Date and Time Sample Type : Serum Mobile No

Sample Date and Time : 25-Feb-2023 09:41 Sample Coll. By Ref Id1 : 00223218

Report Date and Time : 25-Feb-2023 12:32 Acc. Remarks · Normal Ref Id2 : 022239313

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 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, 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

Normal ranges of TSH & thyroid hormons vary according trimesper in pregnancy.

TSH ref range in Pregnacy

First triemester

Second triemester

Reference range (microlU/ml)

0.24 - 2.00

0.43-2.2 Third triemester

	0.0 2.0		
	Т3	T4	TSH
Normal Thyroid function	N	N	N
Primary Hyperthyroidism	1	1	V
Secondary Hyperthyroidism	↑	^	^
Grave's Thyroiditis	1	^	^
T3 Thyrotoxicosis	^	N	N/↓
Primary Hypothyroidism	1	J	^
Secondary Hypothyroidism	4	V	V
Subclinical Hypothyroidism	N	N	^
Patient on treatment	N	N/T	7

-- 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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GE MAC2000

12SL™ v241

25 mm/s 10 mm/mV

ADS

0.56-20 Hz 50 Hz

Unconfirmed 4x2.5x3_25_R1

1/1