



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. PATEL PRANAV GOVINDJI
EC NO.	112523
DESIGNATION	SINGLE WINDOW OPERATOR A
PLACE OF WORK	GANDHINAGAR,RO GANDHINAGAR
BIRTHDATE	12-06-1989
PROPOSED DATE OF HEALTH CHECKUP	24-06-2023
BOOKING REFERENCE NO.	23J112523100062518E

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 22-06-2023 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))



Mediwheel
Your wellness partner



011-41195959

Email: wellness@mediwheel.in

Dear MR. PATEL PRANAV GOVINDJI,

Please find the confirmation for following request.

Booking Date : 22-06-2023
Package Name : Medi-Wheel Metro Full Body Health Checkup Male Below 40
Name of Diagnostic/Hospital : Aashka Multispeciality Hospital
Address of Diagnostic/Hospital : Between Sargasan & Reliance Cross Road
Contact Details : 9879752777/7577500900
City : Gandhi Nagar
State : Gujarat
Pincode : 382315
Appointment Date : 26-06-2023
Confirmation Status : Confirmed
Preferred Time : 8:00am-12:00pm
Comment : APPOINTMENT TIME 8:30AM

Instructions to undergo Health Check:

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
3. Bring urine sample in a container if possible (containers are available at the Health Check centre).
4. Please bring all your medical prescriptions and previous health medical records with you.
5. Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

For Women:

1. Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
2. It is advisable not to undergo any Health Check during menstrual cycle.

Request you to reach half an hour before the scheduled time.

In case of further assistance, Please reach out to Team Mediwheel.



બંક ઓફ બારોડા
Bank of Baroda



પ્રણવ ગ. પટેલ
Pranav G. Patel

નામ
Name

કર્મચારી કોડ નં. 112523
Employee Code No. 112523

Employee Code No.



કર્મચારી અધિકારી
Employee Authority

Pranav G. Patel

કર્મચારી અધિકારી
Employee Authority

Signature of Holder

26.06.2023 11:28:21 AM
AASHKA HOSPITAL LTD,
SARGASAN
GANDHINAGAR

Location: 1
Order Number:
Indication:

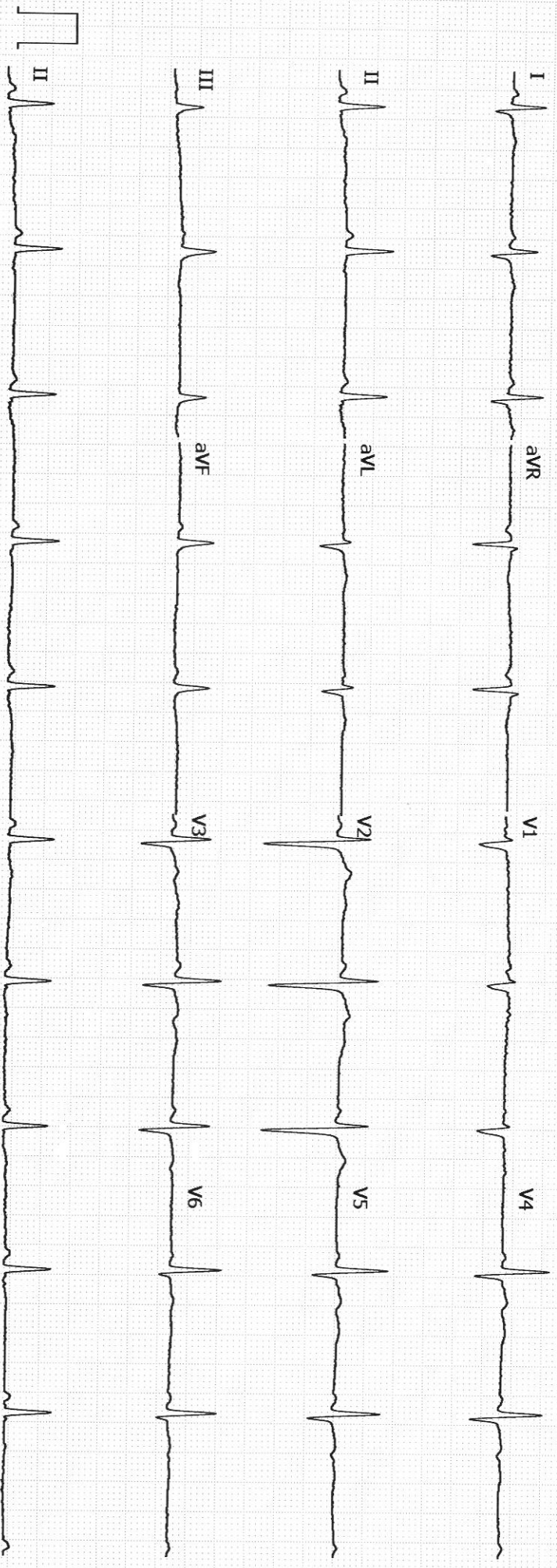
Room: 101 D 942 #

61 bpm
-- / -- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 82 ms
QT / QTcBaz : 316 / 318 ms
PR : 102 ms
P : 80 ms
RR / PP : 976 / 983 ms
P / QRS / T : 36 / 67 / -3 degrees

Sinus rhythm with short PR
Nonspecific T wave abnormality
Abnormal ECG



GE MAC2000 1.1 12SL™ V241

25 mm/s 10 mm/mV

ADS 0.56-2.0 Hz 50 Hz

Unconfirmed
4x2.5x3_25_R1 1/1

PATIENT NAME: PRANAV GOVINDJI PATEL

GENDER/AGE: Male / 33 Years

DATE: 26/06/23

DOCTOR: DR. HASIT JOSHI

OPDNO: O0623158

2D-ECHO

MITRAL VALVE	: NORMAL	
AORTIC VALVE	: NORMAL	
TRICUSPID VALVE	: NORMAL	
PULMONARY VALVE	: NORMAL	
AORTA	: 33mm	
LEFT ATRIUM	: 36mm	
LV Dd / Ds	: 39/26mm	EF 60%
IVS / LVPW / D	: 10/9mm	
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	: 1.3m/s	
PULMONARY	: 1.2m/s	
COLOUR DOPPLER	: MILD MR/TR	
RVSP	: 26mmHg	
CONCLUSION	: NORMAL LV SIZE / SYSTOLIC FUNCTION.	

CARDIOLOGIST
DR. HASIT JOSHI (9825012235)

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



PATIENT NAME: PRANAV GOVINDJI PATEL

GENDER/AGE: Male / 33 Years

DATE: 26/06/23

DOCTOR:

OPDNO: 00623158

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: PRANAV GOVINDJI PATEL

GENDER/AGE: Male / 33 Years

DATE: 26/06/23

DOCTOR:

OPDNO: O0623158

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 4.6 cms in size.

Left kidney measures about 10.6 x 4.8 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 120 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



LABORATORY REPORT



Name : PRANAV GOVINDJI PATEL	Sex/Age : Male / 33 Years	Case ID : 30602200495
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2806923
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 26-Jun-2023 08:41	Sample Type :	Mobile No :
Sample Date and Time : 26-Jun-2023 08:41	Sample Coll. By :	Ref Id1 : O0623158
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 : O23242210

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Blood Glucose Fasting & Postprandial			
Plasma Glucose - F	124.17	mg/dL	70 - 100
Glyco Hemoglobin			
HbA1C	6.29	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes
Haemogram (CBC)			
RBC (Electrical Impedance)	6.71	millions/cu mm	4.50 - 5.50
MCV (RBC histogram)	68.8	fL	83.00 - 101.00
MCH (Calc)	23.7	pg	27.00 - 32.00
Total WBC Count	10260	/μL	4000.00 - 10000.00
Lymphocyte	3899	/μL	1000.00 - 3000.00
Lipid Profile			
Cholesterol	226.6	mg/dL	110 - 200
HDL Cholesterol	34.8	mg/dL	48 - 77
Chol/HDL	6.51		0 - 4.1
LDL Cholesterol	174.22	mg/dL	65 - 100
Liver Function Test			
S.G.P.T.	67.8	U/L	16 - 63

Abnormal Result(s) Summary End

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

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LABORATORY REPORT



Name : PRANAV GOVINDJI PATEL Sex/Age : Male / 33 Years Case ID : 30602200495
 Ref.By : HOSPITAL Dis. At : Pt. ID : 2806923
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 26-Jun-2023 08:41 Sample Type : Whole Blood EDTA Mobile No :
 Sample Date and Time : 26-Jun-2023 08:41 Sample Coll. By : Ref Id1 : O0623158
 Report Date and Time : 26-Jun-2023 08:59 Acc. Remarks : Normal Ref Id2 : O23242210

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin	15.9	G%	13.00 - 17.00
RBC (Electrical Impedance)	H 6.71	millions/cumm	4.50 - 5.50
PCV(Calc)	46.16	%	40.00 - 50.00
MCV (RBC histogram)	L 68.8	fL	83.00 - 101.00
MCH (Calc)	L 23.7	pg	27.00 - 32.00
MCHC (Calc)	34.4	gm/dL	31.50 - 34.50
RDW (RBC histogram)	14.30	%	11.00 - 16.00

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

Total WBC Count	H 10260	/μL	4000.00 - 10000.00
Neutrophil	[%] 56.0	%	EXPECTED VALUES 40.00 - 70.00 [Abs] 5746 /μL EXPECTED VALUES 2000.00 - 7000.00
Lymphocyte	38.0	%	20.00 - 40.00 H 3899 /μL 1000.00 - 3000.00
Eosinophil	2.0	%	1.00 - 6.00 205 /μL 20.00 - 500.00
Monocytes	4.0	%	2.00 - 10.00 410 /μL 200.00 - 1000.00
Basophil	0.0	%	0.00 - 2.00 0 /μL 0.00 - 100.00

PLATELET COUNT (Optical)

Platelet Count	347000	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	1.47		0.78 - 3.53

SMEAR STUDY

RBC Morphology Microcytic hypochromic RBCS.
 WBC Morphology Leucocytosis.
 Platelet Platelets are adequate in number.
 Parasite Malarial Parasite not seen on smear.

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

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Dr. Shreya Shah
M.D. (Pathologist)

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

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LABORATORY REPORT



Name : PRANAV GOVINDJI PATEL Sex/Age : Male / 33 Years Case ID : 30602200495
Ref.By : HOSPITAL Dis. At : Pt. ID : 2806923
Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 26-Jun-2023 08:41	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 26-Jun-2023 08:41	Sample Coll. By :	Ref Id1 : O0623158
Report Date and Time : 26-Jun-2023 09:49	Acc. Remarks : Normal	Ref Id2 : O23242210

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR Westergren Method	04	mm after 1hr	3 - 15	

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

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Dr. Amit Prajapati
DCP.

Dr. Shreya Shah
M.D. (Pathologist)

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

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LABORATORY REPORT



Name : PRANAV GOVINDJI PATEL Sex/Age : Male / 33 Years Case ID : 30602200495
Ref.By : HOSPITAL Dis. At : Pt. ID : 2806923
Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 26-Jun-2023 08:41	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 26-Jun-2023 08:41	Sample Coll. By :	Ref Id1 : O0623158
Report Date and Time : 26-Jun-2023 08:55	Acc. Remarks : Normal	Ref Id2 : O23242210

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	O
Rh Type	POSITIVE

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 : PRANAV GOVINDJI PATEL Sex/Age : Male / 33 Years Case ID : 30602200495
 Ref.By : HOSPITAL Dis. At : Pt. ID : 2806923
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 26-Jun-2023 08:41	Sample Type : Spot Urine	Mobile No :
Sample Date and Time : 26-Jun-2023 08:41	Sample Coll. By :	Ref Id1 : O0623158
Report Date and Time : 26-Jun-2023 09:11	Acc. Remarks : Normal	Ref Id2 : O23242210

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

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Dr. Shreya Shah
 M.D. (Pathologist)

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LABORATORY REPORT



Name : PRANAV GOVINDJI PATEL Sex/Age : Male / 33 Years Case ID : 30602200495
 Ref.By : HOSPITAL Dis. At : Pt. ID : 2806923
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 26-Jun-2023 08:41 Sample Type : Spot Urine Mobile No :
 Sample Date and Time : 26-Jun-2023 08:41 Sample Coll. By : Ref Id1 : O0623158
 Report Date and Time : 26-Jun-2023 09:11 Acc. Remarks : Normal Ref Id2 : O23242210

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

Dr. Shreya Shah
M.D. (Pathologist)

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Neuberg Supratech Reference Laboratories Private Limited

“KEDAR” Opposite Krupa Petrol Pump, Near Parimal Garden, Ahmedabad - 380006
 079-40408181 / 61618181 contact@supratechlabs.com www.neubergsupratech.com



LABORATORY REPORT



Name : PRANAV GOVINDJI PATEL Sex/Age : Male / 33 Years Case ID : 30602200495
 Ref.By : HOSPITAL Dis. At : Pt. ID : 2806923
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 26-Jun-2023 08:41	Sample Type : Plasma Fluoride F, Plasma Fluoride PP	Mobile No :
Sample Date and Time : 26-Jun-2023 08:41	Sample Coll. By :	Ref Id1 : O0623158
Report Date and Time : 26-Jun-2023 14:50	Acc. Remarks : Normal	Ref Id2 : O23242210
TEST	RESULTS	UNIT
		BIOLOGICAL REF RANGE
		REMARKS

BIOCHEMICAL INVESTIGATIONS

Blood Glucose Level (Fasting & Post Prandial)

Plasma Glucose - F <i>Photometric, Hexokinase</i>	H	124.17	mg/dL	70 - 100
Plasma Glucose - PP <i>Photometric, Hexokinase</i>		111.52	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:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

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Dr. Shreya Shah
M.D. (Pathologist)

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

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LABORATORY REPORT



Name : PRANAV GOVINDJI PATEL Sex/Age : Male / 33 Years Case ID : 30602200495
 Ref.By : HOSPITAL Dis. At : Pt. ID : 2806923
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 26-Jun-2023 08:41 Sample Type : Serum Mobile No :
 Sample Date and Time : 26-Jun-2023 08:41 Sample Coll. By : Ref Id1 : O0623158
 Report Date and Time : 26-Jun-2023 10:21 Acc. Remarks : Normal Ref Id2 : O23242210

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol <i>Colorimetric, CHOD-POD</i>	H	226.6	mg/dL	110 - 200
HDL Cholesterol	L	34.8	mg/dL	48 - 77
Triglyceride <i>Glycerol Phosphate Oxidase</i>		87.9	mg/dL	<150
VLDL <i>Calculated</i>		17.58	mg/dL	10 - 40
Chol/HDL <i>Calculated</i>	H	6.51		0 - 4.1
LDL Cholesterol <i>Calculated</i>	H	174.22	mg/dL	65 - 100

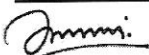
NEW ATP III GUIDELINES (MAY 2001), MODIFICATION OF NCEP

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 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 assesment

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

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Dr. Amit Prajapati
DCP.

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LABORATORY REPORT



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 Ref.By : HOSPITAL Dis. At : Pt. ID : 2806923
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 26-Jun-2023 08:41	Sample Type : Serum	Mobile No :
Sample Date and Time : 26-Jun-2023 08:41	Sample Coll. By :	Ref Id1 : O0623158
Report Date and Time : 26-Jun-2023 10:21	Acc. Remarks : Normal	Ref Id2 : O23242210

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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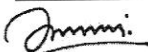
BIOCHEMICAL INVESTIGATIONS

Liver Function Test

S.G.P.T. <i>UV with P5P</i>	H 67.8	U/L	16 - 63	
S.G.O.T. <i>UV with P5P</i>	35.9	U/L	15 - 37	
Alkaline Phosphatase <i>Enzymatic, PNPP-AMP</i>	105.0	U/L	46 - 116	
Gamma Glutamyl Transferase <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate</i>	53.9	U/L	0 - 55	
Proteins (Total) <i>Colorimetric, Biuret</i>	7.02	gm/dL	6.40 - 8.30	
Albumin <i>Bromocresol purple</i>	4.79	gm/dL	3.4 - 5	
Globulin <i>Calculated</i>	2.23	gm/dL	2 - 4.1	
A/G Ratio <i>Calculated</i>	2.1		1.0 - 2.1	
Bilirubin Total <i>Photometry</i>	0.64	mg/dL	0.3 - 1.2	
Bilirubin Conjugated <i>Diazotization reaction</i>	0.20	mg/dL	0 - 0.50	
Bilirubin Unconjugated <i>Calculated</i>	0.44	mg/dL	0 - 0.8	

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

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Dr. Amit Prajapati

DCP.

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Ref.By : HOSPITAL Dis. At : Pt. ID : 2806923
Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 26-Jun-2023 08:41 Sample Type : Serum Mobile No :
Sample Date and Time : 26-Jun-2023 08:41 Sample Coll. By : Ref Id1 : O0623158
Report Date and Time : 26-Jun-2023 10:21 Acc. Remarks : Normal Ref Id2 : O23242210

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BUN (Blood Urea Nitrogen) <i>GLDH</i>	9.9	mg/dL	8.90 - 20.60	
Creatinine	0.88	mg/dL	0.50 - 1.50	
Uric Acid <i>Uricase</i>	7.12	mg/dL	3.5 - 7.2	

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

Dr. Amit Prajapati

DCP.

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Neuberg Supratech Reference Laboratories Private Limited

“KEDAR” Opposite Krupa Petrol Pump, Near Parimal Garden, Ahmedabad - 380006
079-40408181 / 61618181 contact@supratechlabs.com www.neubergsupratech.com



LABORATORY REPORT



Name : PRANAV GOVINDJI PATEL Sex/Age : Male / 33 Years Case ID : 30602200495
 Ref.By : HOSPITAL Dis. At : Pt. ID : 2806923
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 26-Jun-2023 08:41	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 26-Jun-2023 08:41	Sample Coll. By :	Ref Id1 : O0623158
Report Date and Time : 26-Jun-2023 09:11	Acc. Remarks : Normal	Ref Id2 : O23242210

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Glycated Haemoglobin Estimation				

HbA1C	H	6.29	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes
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Estimated Avg Glucose (3 Mths) <i>Calculated</i>	133.82	mg/dL
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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. Shreya Shah
M.D. (Pathologist)

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

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LABORATORY REPORT



Name : PRANAV GOVINDJI PATEL Sex/Age : Male / 33 Years Case ID : 30602200495
 Ref.By : HOSPITAL Dis. At : Pt. ID : 2806923
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 26-Jun-2023 08:41	Sample Type : Serum	Mobile No :
Sample Date and Time : 26-Jun-2023 08:41	Sample Coll. By :	Ref Id1 : 00623158
Report Date and Time : 26-Jun-2023 10:02	Acc. Remarks : Normal	Ref Id2 : 023242210

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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Thyroid Function Test

Triiodothyronine (T3)	119.66	ng/dL	70 - 204	
Thyroxine (T4) CMA	9.5	ng/dL	4.87 - 11.72	
TSH CMA	2.002	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), PRTN 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

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

Dr. Amit Prajapati
 DCP.

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 M.D. (Pathologist)

Dr. Manoj Shah
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LABORATORY REPORT



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Bill. Loc. : Aashka hospital		Pt. Loc :
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Sample Date and Time : 26-Jun-2023 08:41	Sample Coll. By :	Ref Id1 : O0623158
Report Date and Time : 26-Jun-2023 10:02	Acc. Remarks : Normal	Ref Id2 : O23242210

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 hormones vary according trimester in pregnancy.

TSH ref range in Pregnancy	Reference range (microIU/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)

Dr. Amit Prajapati
DCP.

Dr. Shreya Shah
M.D. (Pathologist)

Dr. Manoj Shah
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CIN: L85110GJ2012PLC072647



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

UHID:	Date: 26/6/23	Time:
Patient Name: PRANAN K. Patel	Age / Sex: 33 / m	Height: 157 cm
	Weight: 71.4 kg	
History:	C/O R/O Y.U. Y.U. m	
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination:	D.V. 2 6/19 G19 W.V. 2 6/16 G16	
	Colour - normal.	
Diagnosis:		

Rx

No	Dosage Form	Name of drug (IN BLOCK LETTERS ONLY)	Dose	Route	Frequency	Duration

Eye examination:

	RIGHT			LEFT		
	S	C	A	S	C	A
D		-0.50	90°	-0.75	-	-
N						

Other Advice:

Blue cast lens.

Follow-up:



Consultant's Sign:

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

UHID:	Date: 26/6	Time:
Patient Name: Parmu Kroumdji Patel	Age / Sex: 33 / M	Height: 157 cm
		Weight: 71.4 kg
Chief Complain:	Routine dental checkup	
History:		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination:		
Extra oral :		
Intra oral – Teeth Present :	Stain (+)	
	Caries (+)	
Teeth Absent :		
Diagnosis:	Cementalized chronic gingivitis	

Rx


No	Dosage Form	Name of drug (IN BLOCK LETTERS ONLY)	Dose	Route	Frequency	Duration

Other Advice:

Swallowing

Follow-up:

Consultant's Sign:



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

UHID:		Date: 26/6/23	Time: 3:00 PM
Patient Name: Praman Patel		Height: 157 cm	Weight: 71.4 kg
Age / Sex: 34 yrs / M, LMP:			
History:			
C/C/O:		History:	
NAD		NAD	
Allergy History: N/A		Addiction: N/A	
Nutritional Screening: Well-Nourished / Malnourished / Obese			
Vitals & Examination:			
Temperature: Normal		Lab reports not yet	
Pulse: 54 / min		HbA1c - 6.23	
BP: 122 / 78 mm Hg			
SPO2: 98% on RA			
Provisional Diagnosis:			

Advice:

Rx

No	Dosage Form	Name of drug (IN BLOCK LETTERS ONLY)	Dose	Route	Frequency	Duration

Insulin Scale	RBS- hourly	Diet Advice:	Low sugar diet
< 150 -	300-350 -	Follow-up:	FBS After 2 months
150-200 -	350-400 -	Sign:	Cholesterol profile
200-250 -	400-450 -		After 6 months
250-300 -	> 450 -		

[Handwritten signature]