

प्रति,

समन्वयक,  
Mediwheel (Arcofemi Healthcare Limited)  
हेल्पलाइन नंबर: 011-41195959

महोदय/ महोदया,

विषय: बैंक ऑफ़ बड़ौदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी की पत्नी/पति जिनके विवरण निम्नानुसार हैं हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

स्वास्थ्य जांच लाभार्थी के विवरण	
नाम	RONAKBEN SHYAM ZINZUVADIA
जन्म की तारीख	26-09-1987
कर्मचारी की पत्नी/पति के स्वास्थ्य जांच की प्रस्तावित तारीख	11-11-2023
बुकिंग संदर्भ सं.	23D172612100075036S
पत्नी/पति के विवरण	
कर्मचारी का नाम	MR. ZINZUVADIA SHYAM HARESHBHAI
कर्मचारी की क.कू.संख्या	172612
कर्मचारी का पद	BRANCH HEAD
कर्मचारी के कार्य का स्थान	GHADI
कर्मचारी के जन्म की तारीख	19-11-1987

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ौदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक 09-11-2023 से 31-03-2024 तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के पत्नी/पति की स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनवॉइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

हस्ता/-

(मुख्य महाप्रबंधक)

मानव संसाधन प्रबंधन विभाग

बैंक ऑफ़ बड़ौदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए Mediwheel (Arcofemi Healthcare Limited) से संपर्क करें।)

पुणे येथील  
दना बँक  
10042



दना बँक  
DENA BANK



नाम / Name : SHYAM. H. ZINZUVADE  
DOB / जन्म दिनांक / Date of Birth : 19/11/1987  
पिताचे नाव / Father's Name : HARESHBHAI K. ZINZUVADE  
पिन कोड / PIN : 411001  
प्रादेशिक पिन नंबर / Regional PIN No : 0013347  
वैयक्तिक / BG :  
मिशन दिनांक / Date Of Issue : 22/12/2017

उपरोक्तचे अर्थी  
Signature of Staff

उपरोक्तचे अर्थी  
Signature of Issuing Authority

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

UHID:	Date: 11/11/23	Time:
Patient Name: <i>Poonubhai</i>	Age / Sex:	Height:
	Weight:	
History: <i>C/O Compny Health checkup</i> <i>pt have givr sensitive chikungunya.</i>		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination: <i>Vv 6/60</i> <i>6/60</i> <i>Vnc 2/2</i> <i>6/12</i> <i>6/18</i> <i>2/6</i> <i>Colours Visc. Normal</i> <i>Reactive cones</i>		
Diagnosis:		

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

<b>UHID:</b>	<b>Date:</b> 11/11/23	<b>Time:</b>
<b>Patient Name:</b> Roneta ben zinghavadia	<b>Age / Sex:</b> 35/F	<b>Height:</b>
	<b>Weight:</b>	
<b>Chief Complain:</b>	- Rosetime dentul chella up	
<b>History:</b>		
<b>Allergy History:</b>		
<b>Nutritional Screening:</b> Well-Nourished / Malnourished / Obese		
<b>Examination:</b>		
<b>Extra oral :</b>	-	
<b>Intra oral - Teeth Present :</b>	Stain ++ Abax	
<b>Teeth Absent :</b>		
<b>Diagnosis:</b>		



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

UHID:		Date: 17/11/23	Time: 3:20PM
Patient Name: Rosakben Zinzunadiya		Height:	
Age / Sex: 36yrs F	LMP:	Weight:	
History:			
C/C/O:		History:	
N/A		N/A	
Allergy History: N/A		Addiction: N/A	
Nutritional Screening: Well-Nourished / Malnourished / Obese			
Vitals & Examination:			
Temperature: Normal			
Pulse: 84/min			
BP: 128/72 mmHg			
SPO2: 98% on sat			
Provisional Diagnosis:			



PATIENT NAME:RONAKBEN SHYAM ZINZUVADIYA

GENDER/AGE:Female / 36 Years

DATE:11/11/23

DOCTOR:DR.SUBIR GHOSH

OPDNO:OSP32328

**2D-ECHO**

MITRAL VALVE	: NORMAL	
AORTIC VALVE	: NORMAL	
TRICUSPID VALVE	: NORMAL	
PULMONARY VALVE	: NORMAL	
AORTA	: 30mm	
LEFT ATRIUM	: 32mm	
LV Dd / Ds	: 45/30mm	EF 60%
IVS / LVPW / D	: 10/8mm	
IVS	: NORMAL	
IAS	: NORMAL	
RA	: NORMAL	
RV	: NORMAL	
PA	: NORMAL	
PERICARDIUM	: NORMAL	
VEL	: PEAK	MEAN
M/S	: Gradient mm Hg	Gradient mm Hg
MITRAL	: 0.9/0.5m/s	
AORTIC	: 1.0m/s	
PULMONARY	: 0.8m/s	
COLOUR DOPPLER	: NO MR/AR/TR/PAH	
RVSP	:	
CONCLUSION	: NORMAL STUDY.	

CARDIOLOGIST  
DR.SUBIR GHOSH

x 





## LABORATORY REPORT



Name : <b>RONAKBEN SHYAM ZINZUVADIYA</b>	Sex/Age : <b>Female/ 36 Years</b>	Case ID : <b>31102200257</b>
Ref.By : <b>HOSPITAL</b>	Dis. At :	Pt. ID : <b>3124408</b>
Bill. Loc. : <b>Aashka hospital</b>		Pt. Loc. :
Reg Date and Time : <b>11-Nov-2023 08:58</b>	Sample Type :	Mobile No :
Sample Date and Time : <b>11-Nov-2023 08:58</b>	Sample Coll. By :	Ref Id1 : <b>OSP32328</b>
Report Date and Time :	Acc. Remarks : <b>Normal</b>	Ref Id2 : <b>O23247559</b>

### Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
<b>Blood Glucose Fasting &amp; Postprandial</b>			
Plasma Glucose - F	<b>116.80</b>	mg/dL	70 - 100
<b>Blood Urea Nitrogen (BUN)</b>			
BUN (Blood Urea Nitrogen)	<b>6.7</b>	mg/dL	7.00 - 18.70
<b>Haemogram (CBC)</b>			
RBC (Electrical Impedance)	<b>4.99</b>	millions/cu mm	3.80 - 4.80
MCV (RBC histogram)	<b>82.1</b>	fL	83.00 - 101.00
MCH (Calc)	<b>26.9</b>	pg	27.00 - 32.00
Monocyte	<b>184</b>	/μL	200.00 - 1000.00
<b>Lipid Profile</b>			
LDL Cholesterol	<b>120.93</b>	mg/dL	0.00 - 100.00

Abnormal Result(s) Summary End

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

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## LABORATORY REPORT



Name : **RONAKBEN SHYAM ZINZUVADIYA** Sex/Age : **Female/ 36 Years** Case ID : **31102200257**  
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **3124408**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **11-Nov-2023 08:58** Sample Type : **Whole Blood EDTA** Mobile No :  
 Sample Date and Time : **11-Nov-2023 08:58** Sample Coll. By : Ref Id1 : **OSP32328**  
 Report Date and Time : **11-Nov-2023 09:56** Acc. Remarks : **Normal** Ref Id2 : **O23247559**

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

#### HB AND INDICES

Haemoglobin	13.4	G%	12.0 - 15.0
RBC (Electrical Impedance)	H <b>4.99</b>	millions/cumm	3.80 - 4.80
PCV(Calc)	40.97	%	36.00 - 46.00
MCV (RBC histogram)	L <b>82.1</b>	fL	83.00 - 101.00
MCH (Calc)	L <b>26.9</b>	pg	27.00 - 32.00
MCHC (Calc)	32.8	gm/dl.	31.50 - 34.50
RDW (RBC histogram)	12.8	%	11.00 - 16.00

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

		UNIT	EXPECTED VALUES		EXPECTED VALUES
Total WBC Count	6120	/μL	4000.00 - 10000.00		
Neutrophil	[%] <b>66.0</b>	%	40.00 - 70.00	[Abs] <b>4039</b>	/μL 2000.00 - 7000.00
Lymphocyte	29.0	%	20.00 - 40.00	1775	/μL 1000.00 - 3000.00
Eosinophil	2.0	%	1.00 - 6.00	122	/μL 20.00 - 500.00
Monocytes	3.0	%	2.00 - 10.00	L <b>184</b>	/μL 200.00 - 1000.00
Basophil	0.0	%	0.00 - 2.00	0	/μL 0.00 - 100.00

#### PLATELET COUNT (Optical)

Platelet Count	227000	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	2.28		0.78 - 3.53

#### SMEAR STUDY

RBC Morphology	Normocytic Normochromic RBCs.
WBC Morphology	Total WBC count within normal limits.
Platelet	Platelets are adequate in number.
Parasite	Malarial Parasite not seen on smear.

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

Dr. Shreya Shah  
M.D. (Pathologist)

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## LABORATORY REPORT



Name : **RONAKBEN SHYAM ZINZUVADIYA** Sex/Age : **Female/ 36 Years** Case ID : **31102200257**  
Ref.By : **HOSPITAL** Dis. At : Pt. ID : **3124408**  
Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 11-Nov-2023 08:58 Sample Type : **Whole Blood EDTA** Mobile No :  
Sample Date and Time : 11-Nov-2023 08:58 Sample Coll. By : Ref Id1 : **OSP32328**  
Report Date and Time : 11-Nov-2023 10:32 Acc. Remarks : **Normal** Ref Id2 : **O23247559**

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>ESR</b> Westergren Method	<b>10</b>	mm after 1hr	3 - 20	

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 : <b>RONAKBEN SHYAM ZINZUVADIYA</b>	Sex/Age : <b>Female/ 36 Years</b>	Case ID : <b>31102200257</b>
Ref.By : <b>HOSPITAL</b>	Dis. At :	Pt. ID : <b>3124408</b>
Bill. Loc. : <b>Aashka hospital</b>		Pt. Loc :
Reg Date and Time : <b>11-Nov-2023 08:58</b>	Sample Type : <b>Whole Blood EDTA</b>	Mobile No :
Sample Date and Time : <b>11-Nov-2023 08:58</b>	Sample Coll. By :	Ref Id1 : <b>OSP32328</b>
Report Date and Time : <b>11-Nov-2023 09:28</b>	Acc. Remarks : <b>Normal</b>	Ref Id2 : <b>O23247559</b>

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)**

<b>ABO Type</b>	<b>A</b>
<b>Rh Type</b>	<b>POSITIVE</b>

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 : **RONAKBEN SHYAM ZINZUVADIYA** Sex/Age : **Female/ 36 Years** Case ID : **31102200257**  
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **3124408**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **11-Nov-2023 08:58** Sample Type : **Spot Urine** Mobile No :  
 Sample Date and Time : **11-Nov-2023 08:58** Sample Coll. By : Ref Id1 : **OSP32328**  
 Report Date and Time : **11-Nov-2023 09:56** Acc. Remarks : **Normal** Ref Id2 : **O23247559**

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

#### Physical examination

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

#### Chemical Examination By Sysmex UC-3500

Sp.Gravity	1.020		1.003 - 1.035
pH	6.5		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

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 : **RONAKBEN SHYAM ZINZUVADIYA** Sex/Age : **Female/ 36 Years** Case ID : **31102200257**  
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **3124408**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **11-Nov-2023 08:58** Sample Type : **Spot Urine** Mobile No :  
 Sample Date and Time : **11-Nov-2023 08:58** Sample Coll. By : Ref Id1 : **OSP32328**  
 Report Date and Time : **11-Nov-2023 09:56** Acc. Remarks : **Normal** Ref Id2 : **O23247559**

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/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	250
Pus cells (Microscopic)	/hpf	<5	-	-	-	-	-
Red blood cells(Microscopic)	/hpf	<2	-	-	-	-	-
Cast (Microscopic)	/lpf	<2	-	-	-	-	-

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

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M.D. (Pathologist)

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## LABORATORY REPORT



Name : RONAKBEN SHYAM ZINZUVADIYA	Sex/Age : Female/ 36 Years	Case ID : 31102200257
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3124408
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 11-Nov-2023 08:58	Sample Type : Plasma Fluoride F, Plasma Fluoride PP	Mobile No :
Sample Date and Time : 11-Nov-2023 08:58	Sample Coll. By :	Ref Id1 : OSP32328
Report Date and Time : 11-Nov-2023 11:57	Acc. Remarks : Normal	Ref Id2 : O23247559
TEST	RESULTS	UNIT
		BIOLOGICAL REF RANGE
		REMARKS

### BIOCHEMICAL INVESTIGATIONS

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

<b>Plasma Glucose - F</b> <i>Photometric, Hexokinase</i>	H	116.80	mg/dL	70 - 100
<b>Plasma Glucose - PP</b> <i>Photometric, Hexokinase</i>		107.56	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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M.D. (Pathologist)

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## LABORATORY REPORT



Name : <b>RONAKBEN SHYAM ZINZUVADIYA</b>	Sex/Age : <b>Female/ 36 Years</b>	Case ID : <b>31102200257</b>
Ref.By : <b>HOSPITAL</b>	Dis. At :	Pt. ID : <b>3124408</b>
Bill. Loc. : <b>Aashka hospital</b>		Pt. Loc. :
Reg Date and Time : <b>11-Nov-2023 08:58</b>	Sample Type : <b>Serum</b>	Mobile No. :
Sample Date and Time : <b>11-Nov-2023 08:58</b>	Sample Coll. By :	Ref Id1 : <b>OSP32328</b>
Report Date and Time : <b>11-Nov-2023 10:49</b>	Acc. Remarks : <b>Normal</b>	Ref Id2 : <b>O23247559</b>

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

#### Lipid Profile

<b>Cholesterol</b> <i>Colorimetric, CHOD-POD</i>	<b>195.05</b>	mg/dL	110 - 200
<b>HDL Cholesterol</b>	<b>61.5</b>	mg/dL	48 - 77
<b>Triglyceride</b> <i>Glycerol Phosphate Oxidase</i>	<b>63.08</b>	mg/dL	<150
<b>VLDL</b> <i>Calculated</i>	<b>12.62</b>	mg/dL	10 - 40
<b>Chol/HDL</b> <i>Calculated</i>	<b>3.17</b>		0 - 4.1
<b>LDL Cholesterol</b> <i>Calculated</i>	<b>H 120.93</b>	mg/dL	0.00 - 100.00

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

LDL CHOLESTEROL	CHOLESTEROL	HDL CHOLESTEROL	TRIGLYCERIDES
Optimal <100	Desirable <200	Low <40	Normal <150
Near Optimal 100-129	Border Line 200-239	High >40	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

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 : RONAKBEN SHYAM ZINZUVADIYA	Sex/Age : Female/ 36 Years	Case ID : 31102200257
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3124408
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 11-Nov-2023 08:58	Sample Type : Serum	Mobile No :
Sample Date and Time : 11-Nov-2023 08:58	Sample Coll. By :	Ref Id1 : OSP32328
Report Date and Time : 11-Nov-2023 10:50	Acc. Remarks : Normal	Ref Id2 : O23247559

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

#### Liver Function Test

<b>S.G.P.T.</b> <i>UV with PSP</i>	29.89	U/L	14 - 59	
<b>S.G.O.T.</b> <i>UV with PSP</i>	19.93	U/L	15 - 37	
<b>Alkaline Phosphatase</b> <i>Enzymatic, PNPP-AMP</i>	87.19	U/L	46 - 116	
<b>Gamma Glutamyl Transferase</b> <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate</i>	24.65	U/L	0 - 38	
<b>Proteins (Total)</b> <i>Colorimetric, Biuret</i>	7.33	gm/dL	6.40 - 8.30	
<b>Albumin</b> <i>Bromocresol purple</i>	4.52	gm/dL	3.4 - 5	
<b>Globulin</b> <i>Calculated</i>	2.81	gm/dL	2 - 4.1	
<b>A/G Ratio</b> <i>Calculated</i>	1.6		1.0 - 2.1	
<b>Bilirubin Total</b> <i>Photometry</i>	0.51	mg/dL	0.3 - 1.2	
<b>Bilirubin Conjugated</b> <i>Diazotization reaction</i>	0.15	mg/dL	0 - 0.50	
<b>Bilirubin Unconjugated</b> <i>Calculated</i>	0.36	mg/dL	0 - 0.8	

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

Dr. Shreya Shah

M.D. (Pathologist)

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## LABORATORY REPORT



Name : <b>RONAKBEN SHYAM ZINZUVADIYA</b>	Sex/Age : <b>Female/ 36 Years</b>	Case ID : <b>31102200257</b>
Ref.By : <b>HOSPITAL</b>	Dis. At :	Pt. ID : <b>3124408</b>
Bill, Loc. : <b>Aashka hospital</b>		Pt. Loc. :
Reg Date and Time : <b>11-Nov-2023 08:58</b>	Sample Type : <b>Serum</b>	Mobile No :
Sample Date and Time : <b>11-Nov-2023 08:58</b>	Sample Coll. By :	Ref Id1 : <b>OSP32328</b>
Report Date and Time : <b>11-Nov-2023 10:49</b>	Acc. Remarks : <b>Normal</b>	Ref Id2 : <b>O23247559</b>

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>BUN (Blood Urea Nitrogen)</b> <small>GLDH</small>	L <b>6.7</b>	mg/dL	7.00 - 18.70	
<b>Creatinine</b>	<b>0.69</b>	mg/dL	0.50 - 1.50	
<b>Uric Acid</b> <small>Uricase</small>	<b>5.27</b>	mg/dL	2.6 - 6.2	

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

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

Printed On : 11-Nov-2023 12:26



## LABORATORY REPORT



Name : RONAKBEN SHYAM ZINZUVADIYA	Sex/Age : Female/ 36 Years	Case ID : 31102200257
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3124408
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 11-Nov-2023 08:58	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 11-Nov-2023 08:58	Sample Coll. By :	Ref Id1 : OSP32328
Report Date and Time : 11-Nov-2023 09:46	Acc. Remarks : Normal	Ref Id2 : O23247559

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>Glycated Haemoglobin Estimation</b>				
HbA1C	5.57	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) <small>Calculated</small>	113.16	mg/dL	Not available	

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

**Interpretation :**

HbA1C level reflects the mean glucose concentration over previous 8-12 weeks and provides better indication of long term glycemic control.

Levels of HbA1C may be low as result of shortened RBC life span in case of hemolytic anemia.

Increased HbA1C values may be found in patients with polycythemia or post splenectomy patients.

Patients with Homozygous forms of rare variant Hb(CC,SS,EE,SC) HbA1c can not be quantitated as there is no HbA.

In such circumstances glycemic control can be monitored using plasma glucose levels or serum Fructosamine.

The A1c target should be individualized based on numerous factors, such as age, life expectancy, comorbid conditions, duration of diabetes, risk of hypoglycemia or adverse consequences from hypoglycemia, patient motivation and adherence.

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

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

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## LABORATORY REPORT



Name : RONAKBEN SHYAM ZINZUVADIYA	Sex/Age : Female/ 36 Years	Case ID : 31102200257
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3124408
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 11-Nov-2023 08:58	Sample Type : Serum	Mobile No :
Sample Date and Time : 11-Nov-2023 08:58	Sample Coll. By :	Ref Id1 : OSP32328
Report Date and Time : 11-Nov-2023 10:39	Acc. Remarks : Normal	Ref Id2 : O23247559

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>Thyroid Function Test</b>				
Triiodothyronine (T3)	112.23	ng/dL	70 - 204	
Thyroxine (T4) CMA	10.21	ng/dL	4.87 - 11.72	
TSH CMA	1.65	μIU/mL	0.4 - 4.2	

### INTERPRETATIONS

- Circulating TSH measurement has been used for screening for euthyroidism, screening and diagnosis for hyperthyroidism & hypothyroidism. Suppressed TSH (<0.01 μIU/mL) suggests a diagnosis of hyperthyroidism and elevated concentration (>7 μIU/mL) suggest hypothyroidism. TSH levels may be affected by acute illness and several medications including dopamine and glucocorticoids. Decreased (low or undetectable) in Graves disease. Increased in TSH secreting pituitary adenoma (secondary hyperthyroidism), PRTH and in hypothalamic disease thyrotropin (tertiary hyperthyroidism). Elevated in hypothyroidism (along with decreased T4) except for pituitary & hypothalamic disease.
- Mild to modest elevations in patient with normal T3 & T4 levels indicates impaired thyroid hormone reserves & incipient hypothyroidism (subclinical hypothyroidism).
- Mild to modest decrease with normal T3 & T4 indicates subclinical hyperthyroidism.
- Degree of TSH suppression does not reflect the severity of hyperthyroidism, therefore, measurement of free thyroid hormone levels is required in patient with a suppressed TSH level.

### CAUTIONS

Sick, hospitalized patients may have falsely low or transiently elevated thyroid stimulating hormone. Some patients who have been exposed to animal antigens, either in the environment or as part of treatment or imaging procedure, may have circulating antianimal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

### TSH ref range in pregnancy

First trimester  
Second trimester  
Third trimester

### Reference range (microIU/ml)

0.24 - 2.00  
0.43-2.2  
0.8-2.5

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

Dr. Shreya Shah  
M.D. (Pathologist)

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## LABORATORY REPORT



Name : <b>RONAKBEN SHYAM ZINZUVADIYA</b>	Sex/Age : <b>Female/ 36 Years</b>	Case ID : <b>31102200257</b>
Ref.By : <b>HOSPITAL</b>	Dis. At :	Pt. ID : <b>3124408</b>
Bill. Loc. : <b>Aashka hospital</b>		Pt. Loc :
Reg Date and Time : <b>11-Nov-2023 08:58</b>	Sample Type : <b>Serum</b>	Mobile No :
Sample Date and Time : <b>11-Nov-2023 08:58</b>	Sample Coll. By :	Ref Id1 : <b>OSP32328</b>
Report Date and Time : <b>11-Nov-2023 10:39</b>	Acc. Remarks : <b>Normal</b>	Ref Id2 : <b>O23247559</b>

**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. 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

11.11.2023 11:18:45 AM  
ASRIKA HOSPITAL LTD.  
SARGASAN  
GANDHINAGAR

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

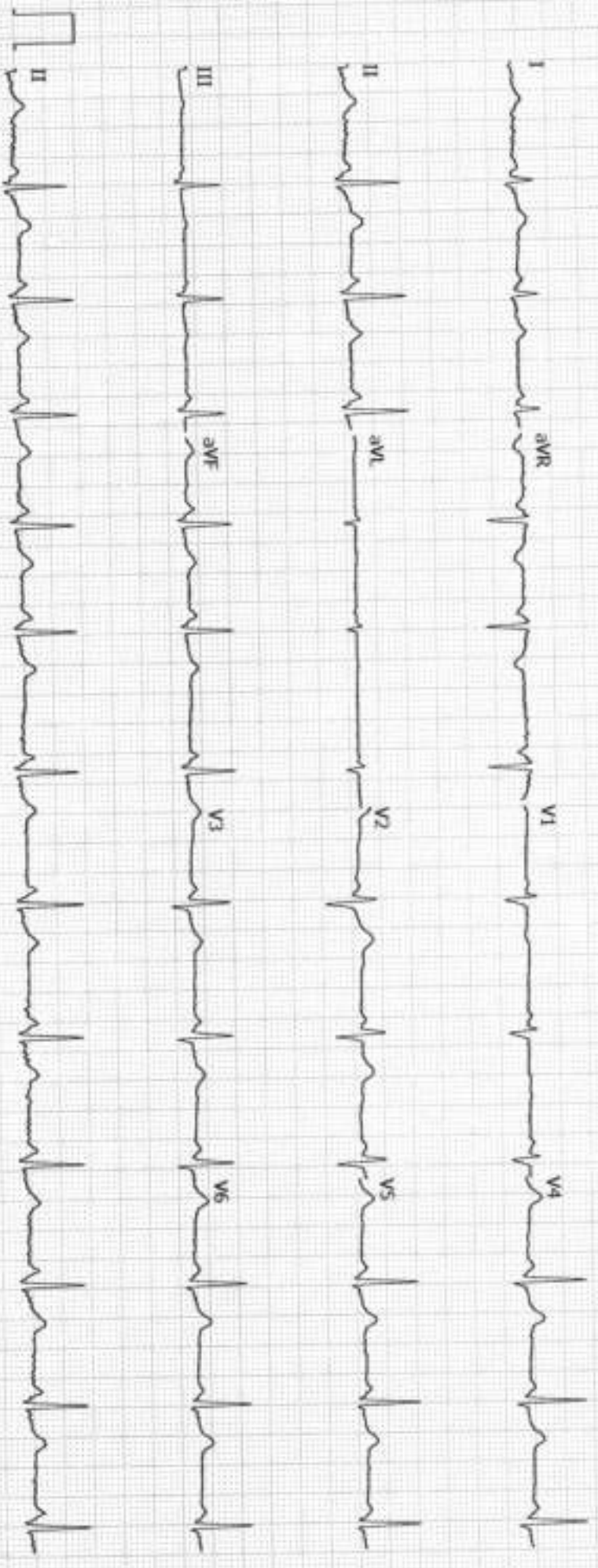
Room:

73 bpm  
— / — mmHg

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 80 ms  
QT / QTcBaz : 374 / 412 ms  
PR : 116 ms  
P : 112 ms  
RR / PP : 820 / 821 ms  
P / QRS / T : 55 / 73 / 51 degrees

Normal sinus rhythm with sinus arrhythmia  
Normal ECG



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  
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CIN: L85110GJ2012PLC072647



**PATIENT NAME:RONAKBEN SHYAM ZINZUVADIYA**

**GENDER/AGE:Female / 36 Years**

**DATE:11/11/23**

**DOCTOR:**

**OPDNO:OSP32328**

### **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:RONAKBEN SHYAM ZINZUVADIYA**

**GENDER/AGE:Female / 36 Years**

**DATE:11/11/23**

**DOCTOR:**

**OPDNO:OSP32328**

## **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 4.1 cms in size.

Left kidney measures about 10.2 x 4.3 cms in size.

No evidence of suprarenal mass lesion is seen on either side.

**Aorta, IVC and para aortic region** appears normal.

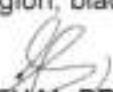
No evidence of ascites is seen.

**BLADDER:** Bladder is normally distended and appears normal. No evidence of bladder calculus, diverticulum or mass lesion is seen. Prevoid bladder volume measures about 140 cc.

**UTERUS:** Uterus is anteverted and appears normal in size, shape and position. Endometrial and myometrial echoes appear normal. Endometrial thickness measures about 4.1 mm. No evidence of uterine mass lesion is seen.

Bilateral adnexa appears normal.

**COMMENT:** Normal sonographic appearance of liver, GB, pancreas, spleen, kidneys, para aortic region, bladder and uterus.

  
**DR. SNEHAL PRAJAPATI**  
CONSULTANT RADIOLOGIST





Name: Rohit Kumar Age: 36 yrs

Complaints: None Leucorrhoea

No of deliveries: 1 FTD - 8 Misc - 1 Abort  
Last Delivery: 1 FTD - 0 Misc 0 Misc - NVD  
5 yrs

History of abortion: None H/O medical conditions associated:

Last abortions: None

DM	<input type="checkbox"/>
HTN	<input type="checkbox"/>
Thyroid	<input type="checkbox"/>

MH: Receipt Reg:  
LMP: 26/10/23

P/A: 80%  
P/S: Cx anal lip  
P/V: Small erosions

Sample:-  
Vagina   
Cervix

Doctors Sign:- [Signature]

Ronak

see: H'aguar

~~26/16~~

11/11/23

leaf: 26/16/23

O2 P2to.

R

1 PIVD - NVD

2nd LSCS - 8/5y

→ tab

Diclofenac

પરિણામ

ગ્રામ 487

Prinessa

%: Leucorrhoea

not good

- Cap

પરિણામ

~ C hr.

By  
A877

pls / or mild  
PIV / exam  
on tab lip GCX

otherwise  
no long PIV