



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. ACHARYA KUSHAL GUNVANTRAY
EC NO.	110706
DESIGNATION	SINGLE WINDOW OPERATOR A
PLACE OF WORK	CHANDRALA
BIRTHDATE	06-06-1989
PROPOSED DATE OF HEALTH CHECKUP	08-07-2023
BOOKING REFERENCE NO.	23S110706100063252E

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 **04-07-2023** 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))

SUGGESTIVE LIST OF MEDICAL TESTS

FOR MALE	FOR FEMALE
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
Lipid Profile	Lipid Profile
Total Cholesterol	Total Cholesterol
HDL	HDL
LDL	LDL
VLDL	VLDL
Triglycerides	Triglycerides
HDL / LDL ratio	HDL / LDL ratio
Liver Profile	Liver Profile
AST	AST
ALT	ALT
GGT	GGT
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
ALP	ALP
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
Kidney Profile	Kidney Profile
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
General Tests	General Tests
X Ray Chest	X Ray Chest
ECG	ECG
2D/3D ECHO / TMT	2D/3D ECHO / TMT
Stress Test	Thyroid Profile (T3, T4, TSH)
PSA Male (above 40 years)	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

**Health Check up Booking Confirmed
Request(bobE41624),Package Code-
PKG10000240, Beneficiary Code-60723**

From: Mediwheel wellness@mediwheel.in

To: Kushal Gunvantray Acharya

[KUSHAL.ACHARYA@bankofbaroda.com](mailto:kushal.acharya@bankofbaroda.com)

Cc: customercare@mediwheel.in

customercare@mediwheel.in

Sent: Tuesday, 4 July, 12:20 pm

You don't often get email from wellness@mediwheel.in.

[Learn why this is important](#)

से आया है. अगर आप प्रेषक को नहीं जानते तो मेल में दी
NATED FROM OUTSIDE OF THE BANK'S DOMA



011-4139559

Email: wellness@mediwheel.in

Dear Kushal,

Please find the confirmation for following request.

Booking Date : 04-07-2023

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 : 08-07-2023

Confirmation Status : Confirmed

Preferred Time : 8:00am-8:30am

Comment : APPOINTMENT TIME 8:30AM

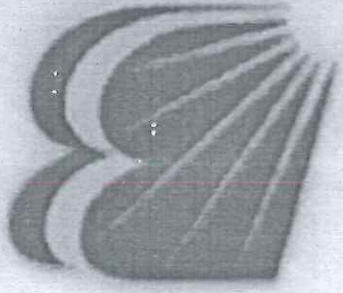
Instructions to undergo Health Check

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.



बैंक ऑफ बरोडा
Bank of Baroda

नाम
Kushal Gunvantray Acharya
Name

कर्मचारी कोड नं.

Employee Code No.

110706

(Handwritten signature)

जारीकर्ता प्राधिकारी
Issuing Authority

(Handwritten signature)

धारक के हस्ताक्षर
Signature of Holder



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




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

UHID: 00723057.	Date: 8/7/23	Time: 10:56
Patient Name: KUSHOR CH. ACHARYA	Age / Sex: 34 / M	Height: 180cm
	Weight: 59.1kg.	
History: C/O Asthma		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination: D.V. 20112 6112 M.V. 2010 610		
Diagnosis: Colic with some Nausea.		

Aashka Hospitals Ltd.

Between Sargasan and Reliance Cross Roads
Sargasan, Gandhinagar - 382421, Gujarat, India
Phone: 079-29750750, +91-7575006000 / 9000
Emergency No.: +91-7575007707 / 9879752777
www.aashkahospitals.in
CIN: L85110GJ2012PLC072647

 **aashka** HOSPITAL



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

UHID: 00723057	Date: 8/7/23	Time:
Patient Name: kushka1 bhai	Age / Sex: 34 / F	Height: 180 cm
	Weight: 59.7 kg	
Chief Complain:		
History: - Recurrente dental decay up.		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination:		
Extra oral: -		
Intra oral - Teeth Present: -	Stim +	
	Carious ++	
Teeth Absent:		
Diagnosis: -		

Aashka Hospitals Ltd.

Between Sargasan and Reliance Cross Roads
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www.aashkahospitals.in
CIN: L85110GJ2012PLC072647



aashka
H O S P I T A L



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

UHID: 00723057	Date: 8/7/23	Time: 4:15 PM
Patient Name: Kamshaj Aacharya	Height: 180 cm	
Age / Sex: 34 yrs / F	Weight: 59.1 kg	
LMP:		
History: C/C/O: maternal comorbidity.	History: NAD	
Allergy History: NAD	Addiction: NAD	
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Vitals & Examination:		
Temperature: normal		
Pulse: 82/min		
BP: 110/70 mmHg		
SPO2: 97% on RA		
Provisional Diagnosis: —		



LABORATORY REPORT

Name : **KUSHAL GUNVANTRAY ACHARYA** Sex/Age : **Male / 34 Years** Case ID : **30702200217**
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **2829663**
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : **08-Jul-2023 09:04** Sample Type : Mobile No :
 Sample Date and Time : **08-Jul-2023 09:04** Sample Coll. By : Ref Id1 : **00723057**
 Report Date and Time : Acc. Remarks : **Normal** Ref Id2 : **023242526**

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Blood Glucose Fasting & Postprandial			
Plasma Glucose - F	101.26	mg/dL	70 - 100
Haemogram (CBC)			
MCV (RBC histogram)	80.1	fL	83.00 - 101.00
MCHC (Calc)	36.5	gm/dL	31.50 - 34.50
Basophil	101	/µL	0.00 - 100.00
Lipid Profile			
LDL Cholesterol	108.52	mg/dL	65 - 100
Liver Function Test			
S.G.P.T.	12.19	U/L	16 - 63
Albumin	5.02	gm/dL	3.4 - 5

Abnormal Result(s) Summary End

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



LABORATORY REPORT

Name : **KUSHAL GUNVANTRAY ACHARYA**

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Male / 34 Years

Dis. At :

Case ID : 30702200217

Pt. ID : 2829653

Pt. Loc :

Reg Date and Time : 08-Jul-2023 09:04

Sample Type : Whole Blood EDTA

Mobile No :

Sample Date and Time : 08-Jul-2023 09:04

Sample Coll. By :

Ref Id1 : 00723057

Report Date and Time : 08-Jul-2023 09:21

Acc. Remarks : Normal

Ref Id2 : 023242526

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)	5.08	millions/cumm	4.50 - 5.50	
PCV(Calc)	40.69	%	40.00 - 50.00	
MCV (RBC histogram)	L 80.1	fL	83.00 - 101.00	
MCH (Calc)	29.2	pg	27.00 - 32.00	
MCHC (Calc)	H 36.5	gm/dL	31.50 - 34.50	
RDW (RBC histogram)	13.10	%	11.00 - 16.00	

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

	Total WBC Count	/μL	EXPECTED VALUES	[Abs]	EXPECTED VALUES
Neutrophil	51.0	%	40.00 - 70.00	2565	/μL 2000.00 - 7000.00
Lymphocyte	40.0	%	20.00 - 40.00	2012	/μL 1000.00 - 3000.00
Eosinophil	3.0	%	1.00 - 6.00	151	/μL 20.00 - 500.00
Monocytes	4.0	%	2.00 - 10.00	201	/μL 200.00 - 1000.00
Basophil	2.0	%	0.00 - 2.00	H 101	/μL 0.00 - 100.00

PLATELET COUNT (Optical)

Platelet Count	250000	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	1.27		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-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)



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

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

Printed On : 08-Jul-2023 13:28





LABORATORY REPORT



Name : KUSHAL GUNVANTRAY ACHARYA

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Male / 34 Years

Dis. At :

Case ID : 30702200217

Pt. ID : 2829653

Pt. Loc :

Reg Date and Time : 08-Jul-2023 09:04

Sample Date and Time : 08-Jul-2023 09:04

Report Date and Time : 08-Jul-2023 10:45

Sample Type : Whole Blood EDTA

Sample Coll. By :

Acc. Remarks : Normal

Mobile No :

Ref Id1 : 00723057

Ref Id2 : 023242526

TEST

RESULTS

ESR
Westergren Method

08

UNIT

mm after 1hr 3 - 15

BIOLOGICAL REF RANGE

REMARKS

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

Jmmi

Dr. Amit Prajapati

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Dr. Shreya Shah
M.D. (Pathologist)

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

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LABORATORY REPORT

Name : **KUSHAL GUNVANTRAY ACHARYA**

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Male / 34 Years

Dis. At :

Case ID : 30702200217

Pt. ID : 28296653

Pt. Loc :

Reg Date and Time : 08-Jul-2023 09:04

Sample Type : Whole Blood EDTA

Mobile No :

Sample Date and Time : 08-Jul-2023 09:04

Sample Coll. By :

Ref Id1 : 00723057

Report Date and Time : 08-Jul-2023 09:21

Acc. Remarks : Normal

Ref Id2 : 023242526

TEST

RESULTS

UNIT

BIOLOGICAL REF RANGE

REMARKS

HAEMATATOLOGY INVESTIGATIONS

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

ABO Type

B

Rh Type

POSITIVE

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

Dr. Shreya Shah

MBB (Pathologist)

Dr. Manoj Shah

M.D. (Path. & Bact.)

Printed On : 08-Jul-2023 13:28



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 : KUSHAL GUNVANTRAY ACHARYA

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Male / 34 Years

Dis. At :

Case ID : 30702200217

Pt. ID : 28299653

Pt. Loc :

Reg Date and Time : 08-Jul-2023 09:04 Sample Type : Spot Urine

Sample Date and Time : 08-Jul-2023 09:04 Sample Coll. By :

Report Date and Time : 08-Jul-2023 09:27 Acc. Remarks : Normal

Mobile No :

Ref Id1 : 00723057

Ref Id2 : 023242526

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		
pH	5.50		1.005 - 1.030
Leucocytes (ESTERASE)	Negative		5 - 8
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)

Dr. Shreya Shah

MD (Pathologist)

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LABORATORY REPORT

Name : **KUSHAL GUNVANTRAY ACHARYA**

Sex/Age : **Male / 34 Years**

Case ID : **30702200217**

Ref.By : **HOSPITAL**

Dis. At :

Pt. ID : **28296653**

Bill. Loc. : **Aashka hospital**

Pt. Loc :

Reg Date and Time : **08-Jul-2023 09:04**

Sample Type : **Spot Urine**

Mobile No :

Sample Date and Time : **08-Jul-2023 09:04**

Sample Coll. By :

Ref Id1 : **O0723057**

Report Date and Time : **08-Jul-2023 09:27**

Acc. Remarks : **Normal**

Ref Id2 : **O23242526**

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

Dr. Shreya Shah

Pathologist

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LABORATORY REPORT



Name : **KUSHAL GUNVANTRAY ACHARYA**

Sex/Age : **Male / 34 Years**

Case ID : **30702200217**

Ref.By : **HOSPITAL**

Dis. At :

Pt. ID : **2829653**

Bill. Loc. : **Aashka hospital**

Pt. Loc :

Reg Date and Time : **08-Jul-2023 09:04**

Sample Type : **Plasma Fluoride F₁ Plasma Fluoride PP**

Mobile No :

Sample Date and Time : **08-Jul-2023 09:04**

Sample Coll. By :

Ref Id1 : **O0723057**

Report Date and Time : **08-Jul-2023 13:18**

Acc. Remarks : **Normal**

Ref Id2 : **O23242526**

RESULTS UNIT BIOLOGICAL REF RANGE

REMARKS

BIOCHEMICAL INVESTIGATIONS

Blood Glucose Level (Fasting & Post Prandial)

Plasma Glucose - F <i>Photometric, Hexokinase</i>	H	101.26	mg/dL	70 - 100
Plasma Glucose - PP <i>Photometric, Hexokinase</i>		100.62	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: (L-Very Low, L-Low, H-High, HH-Very High , A-Abnormal)

Dr. Amit Prajapati

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Dr. Shreya Shah

M.D. (Pathologist)

Dr. Manoj Shah

M.D. (Path. & Bact.)

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LABORATORY REPORT



Name : **KUSHAL GUNVANTRAY ACHARYA**

Sex/Age : Male / 34 Years

Case ID : 30702200217

Ref.By : HOSPITAL

Dis. At :

Pt. ID : 2829653

Bill. Loc. : Aashka hospital

Pt. Loc :

Reg Date and Time : 08-Jul-2023 09:04

Sample Type : Serum

Mobile No :

Sample Date and Time : 08-Jul-2023 09:04

Sample Coll. By :

Ref Id1 : 00723057

Report Date and Time : 08-Jul-2023 11:28

Acc. Remarks : Normal

Ref Id2 : 023242526

TEST

RESULTS

UNIT

BIOLOGICAL REF RANGE

REMARKS

BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol <i>Colorimetric, CHOD-POD</i>	180.46	mg/dL	110 - 200
HDL Cholesterol	52.5	mg/dL	48 - 77
Triglyceride <i>Glycerol Phosphate Oxidase</i>	97.18	mg/dL	<150
VLDL <i>Calculated</i>	19.44	mg/dL	10 - 40
Chol/HDL <i>Calculated</i>	3.44		0 - 4.1
LDL Cholesterol <i>Calculated</i>	H 108.52	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

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



Dr. Amit Prajapati

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Dr. Shreya Shah

M.D. (Pathologist)

Dr. Manoj Shah

M.D. (Path. & Bact.)

Printed On : 08-Jul-2023 13:28





LABORATORY REPORT



Name : **KUSHAL GUNVANTRAY ACHARYA**

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Male / 34 Years

Dis. At :

Case ID : 30702200217

Pt. ID : 2829653

Pt. Loc :

Reg Date and Time : 08-Jul-2023 09:04	Sample Type : Serum	Mobile No :
Sample Date and Time : 08-Jul-2023 09:04	Sample Coll. By :	Ref Id1 : 00723057
Report Date and Time : 08-Jul-2023 11:28	Acc. Remarks : Normal	Ref Id2 : 023242526

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>	L	12.19	U/L	16 - 63
S.G.O.T. <i>UV with P5p</i>		16.08	U/L	15 - 37
Alkaline Phosphatase <i>Enzymatic, PNPP-AMP</i>		85.92	U/L	46 - 116
Gamma Glutamyl Transferase <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate</i>		12.26	U/L	0 - 55
Proteins (Total) <i>Colorimetric, Biuret</i>		7.82	gm/dL	6.40 - 8.30
Albumin <i>Bromocresol purple</i>	H	5.02	gm/dL	3.4 - 5
Globulin <i>Calculated</i>		2.80	gm/dL	2 - 4.1
A/G Ratio <i>Calculated</i>		1.8		1.0 - 2.1
Bilirubin Total <i>Photometry</i>		0.89	mg/dL	0.3 - 1.2
Bilirubin Conjugated <i>Diazotization reaction</i>		0.24	mg/dL	0 - 0.50
Bilirubin Unconjugated <i>Calculated</i>		0.65	mg/dL	0 - 0.8

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



Dr. Amit Prajapati

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Dr. Shreya Shah

M.D. (Pathologist)

Dr. Manoj Shah

M.D. (Path. & Bact.)

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LABORATORY REPORT



Name : **KUSHAL GUNVANTRAY ACHARYA**

Sex/Age : **Male / 34 Years** Case ID : **30702200217**

Ref.By : **HOSPITAL**

Dis. At :

Pt. ID : **2829653**

Bill. Loc. : **Aashka hospital**

Pt. Loc :

Reg Date and Time : **08-Jul-2023 09:04**

Mobile No :

Sample Date and Time : **08-Jul-2023 09:04**

Sample Coll. By :

Ref Id1 : **O0723057**

Report Date and Time : **08-Jul-2023 11:28**

Acc. Remarks : **Normal**

Ref Id2 : **O23242526**

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
------	---------	------	----------------------	---------

BUN (Blood Urea Nitrogen)
GLDH

11.1 mg/dL 8.90 - 20.60

Creatinine

0.76 mg/dL 0.50 - 1.50

Uric Acid
Uricase

6.01 mg/dL 3.5 - 7.2

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



Dr. Amit Prajapati

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Dr. Shreya Shah

M.D. (Pathologist)

Dr. Manoj Shah

M.D. (Path. & Bact.)

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LABORATORY REPORT



Name : **KUSHAL GUNVANTRAY ACHARYA**

Sex/Age : **Male / 34 Years** Case ID : **30702200217**

Ref.By : **HOSPITAL**

Dis. At :

Pt. ID : **28296653**

Bill. Loc. : **Aashka hospital**

Pt. Loc :

Reg Date and Time : **08-Jul-2023 09:04**

Sample Type : **Whole Blood EDTA**

Mobile No :

Sample Date and Time : **08-Jul-2023 09:04**

Sample Coll. By :

Ref Id1 : **00723057**

Report Date and Time : **08-Jul-2023 09:49**

Acc. Remarks : **Normal**

Ref Id2 : **023242526**

TEST

RESULTS

UNIT

BIOLOGICAL REF RANGE

REMARKS

Glycated Haemoglobin Estimation

HbA1C

5.48

% of total Hb <5.7: Normal
5.7-6.4: Prediabetes
>=6.5: Diabetes

Calculated
Estimated Avg Glucose (3 Mths)

110.58

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. Amit Prajapati

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Dr. Shreya Shah
M.D. (Pathologist)

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

Printed On : 08-Jul-2023 13:28





LABORATORY REPORT

Name : **KUSHAL GUNVANTRAY ACHARYA**

Sex/Age : Male / 34 Years Case ID : 30702200217

Ref.By : HOSPITAL

Dis. At :

Pt. ID : 2829653

Bill. Loc. : Aashka hospital

Pt. Loc :

Reg Date and Time : 08-Jul-2023 09:04

Sample Type : Serum

Mobile No :

Sample Date and Time : 08-Jul-2023 09:04

Sample Coll. By :

Ref Id1 : 00723057

Report Date and Time : 08-Jul-2023 12:23

Acc. Remarks : Normal

Ref Id2 : 023242526

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
------	---------	------	----------------------	---------

Thyroid Function Test

Triiodothyronine (T3)	92.77	ng/dL	70 - 204	
Thyroxine (T4) C _{MIA}	8.7	ng/dL	4.87 - 11.72	
TSH C _{MIA}	2.134	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)



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Printed On : 08-Jul-2023 13:28





LABORATORY REPORT



Name : **KUSHAL GUNVANTRAY ACHARYA**
 Ref. By : HOSPITAL
 Bill. Loc. : Aashka hospital

Sex/Age : Male / 34 Years
 Dis. At :
 Case ID : 30702200217
 Pt. ID : 28296653
 Pt. Loc :

Reg Date and Time : 08-Jul-2023 09:04
 Sample Date and Time : 08-Jul-2023 09:04
 Report Date and Time : 08-Jul-2023 12:23

Sample Type : Serum
 Sample Coll. By :
 Acc. Remarks : Normal

Mobile No :
 Ref Id1 : 00723057
 Ref Id2 : 023242526

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
 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)

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Dr. Amit Prajapati
 Page 13 of 13

Dr. Shreya Shah
 M.D. (Pathologist)

Dr. Manoj Shah
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Printed On : 08-Jul-2023 13:28



PATIENT NAME: KUSHAL GUNVANTRAY ACHARYA

GENDER/AGE: Male / 34 Years

DATE: 08/07/23

DOCTOR: DR. HASIT JOSHI

OPDNO: O0723057

2D-ECHO

MITRAL VALVE : MILD MVP
AORTIC VALVE : NORMAL
TRICUSPID VALVE : NORMAL
PULMONARY VALVE : NORMAL
AORTA : 26mm
LEFT ATRIUM : 27mm
LV Dd / Ds : 33/21mm EF 60%
IVS / LVPW / D : 10/9mm
IVS : INTACT
IAS : INTACT
RA : NORMAL
RV : NORMAL
PA : NORMAL
PERICARDIUM : NORMAL
VEL : PEAK MEAN
M/S : Gradient mm Hg Gradient mm Hg
MITRAL : 1/0.7m/s
AORTIC : 1.0m/s
PULMONARY : 0.9m/s
COLOUR DOPPLER : TRIVIAL MR/TR
RVSP :
CONCLUSION : NORMAL LV SIZE / SYSTOLIC FUNCTION;
TRIVIAL MR; MILD MVP.



CARDIOLOGIST
DR. HASIT JOSHI (9825012235)

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aashka
H O S P I T A L



PATIENT NAME: KUSHAL GUNVANTRAY ACHARYA

GENDER/AGE: Male / 34 Years

DATE: 08/07/23

DOCTOR:

OPDNO: 00723057

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 4.0 cms in size.

Left kidney measures about 10.3 x 4.4 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.

PROSTATE: Prostate appears normal in size and shows normal parenchymal echoes. No evidence of pathological calcification or solid or cystic mass lesion is seen.
Prostate volume measures about 14 cc.

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


DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST

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 **aashka**
H O S P I T A L



PATIENT NAME: KUSHAL GUNVANTRAY ACHARYA

GENDER/AGE: Male / 34 Years

DOCTOR:

OPDNO: 00723057

DATE: 08/07/23

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

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 92 ms
QT / QTcBaz : 316 / 411 ms
PR : 184 ms
P : 106 ms
RR / PP : 586 / 588 ms
P / QRS / T : 69 / 80 / 67 degrees

Sinus tachycardia
Nonspecific T wave abnormality
Abnormal ECG

