

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

UHID:		Date: 28/10/23	Time: 4 PM
Patient Name: Rajal Parmar		Height:	
Age / Sex: 35yrs / F	LMP:	Weight:	
History:			
C/C/O: Back ache.		History: N/A	
Allergy History: N/A		Addiction: N/A	
Nutritional Screening: Well-Nourished / Malnourished / Obese			
Vitals & Examination:			
Temperature: Normal			
Pulse: 82/min			
BP: 130/82 mmHg			
SPO2: 98% on RA			
Provisional Diagnosis:			

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

UHID:	Date: 28/10/23	Time:
Patient Name: Hejzel Parmar	Age / Sex: 35 / F	Height:
	Weight:	
Chief Complain:		
→ Routine dental check up		
History:		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination:		
Extra oral :		
Intra oral – Teeth Present :	Periodontitis +	
	Gingivitis ++	
Teeth Absent: 6	crowns	denture set → 4)
	faulty restoration	75)
Diagnosis:		

Rx						
No	Dosage Form	Name of drug (IN BLOCK LETTERS ONLY)	Dose	Route	Frequency	Duration
①	TAB.	CEFIXIME	200mg	Oral	BD	5 days
②	TAB.	ACECLOPARA		Oral	BD	5 days
③	TAB.	PANTOP D		Oral	BD	5 days

Other Advice:

→ FCC part = $\frac{634}{1}$
 per part = $\frac{4}{1}$

Follow-up:

Consultant's Sign: *Sejuel*

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	KAJAL JIGNESHKUMAR PARMAR
DATE OF BIRTH	30-01-1988
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	28-10-2023
BOOKING REFERENCE NO.	23D168780100072838S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. PARMAR JIGNESH NARAYANBHAI
EMPLOYEE EC NO.	168780
EMPLOYEE DESIGNATION	RECOVERY
EMPLOYEE PLACE OF WORK	GANDHINAGAR,RO GANDHINAGAR
EMPLOYEE BIRTHDATE	15-07-1981

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 **21-10-2023** 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'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))

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	KAJAL JIGNESHKUMAR PARMAR
जन्म की तारीख	30-01-1988
कर्मचारी की पत्नी/पति के स्वास्थ्य जांच की प्रस्तावित तारीख	28-10-2023
बुकिंग संदर्भ सं.	23D168780100072838S
पत्नी/पति के विवरण	
कर्मचारी का नाम	MR. PARMAR JIGNESH NARAYANBHAI
कर्मचारी की क.कू.संख्या	168780
कर्मचारी का पद	RECOVERY
कर्मचारी के कार्य का स्थान	GANDHINAGAR,RO GANDHINAGAR
कर्मचारी के जन्म की तारीख	15-07-1981

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ौदा के कर्मचारी आईटी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक 21-10-2023 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 सर्वोत्तम प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कुट 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।)



बैंक ऑफ बरोडा
Bank of Baroda

नाम जिग्नेशकुमार नारायणभाई परमार
जिग्नेशकुमार नारायणभाई परमार
JIGNESHKUMAR NARAYANBHAI PARMAR
ए.क.नं. 168780



Jignesh Parmar

अधीक्षक अधिकारी
Superintendent of Police

संस्थापक अधिकारी
In-charge Officer

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: LB5110GJ2012PLC072647



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

UHID:	Date: 25/10/23	Time: 12 th
Patient Name: Kuseelbani	Age / Sex:	Height:
	Weight:	
History:	Glc Campy Hedy chnt.	
Allergy History:		
Nutritional Screening:	Well-Nourished / Malnourished / Obese	
Examination:	Vv 2616 616 266 Colms Vite. nosnt	
Diagnosis:	-	



aashka
HOSPITAL



Cytological examination- Pap smear
request form

Name: Kajal Parmar Age: 35yr

Complaints:
NONE

No of deliveries: 2 FT 14/15/16/17/18/19/20/21/22/23/24/25/26/27/28/29/30/31/32/33/34/35/36/37/38/39/40/41/42/43/44/45/46/47/48/49/50/51/52/53/54/55/56/57/58/59/60
Last Delivery: 12 Jun 2015

History of abortion:
1 MTP

H/O medical conditions associated:

Last abortions:

DM
HTN
Thyroid

MH: 4-5/28-30 Reg:

LMP: 5/12/15

P/A: off
P/S: acid
P/V: spicy

Sample:-

Vagina
Cervix

Doctors Sign:- T. A. Bhat

28.10.2023 1:19:53 PM
AGS&A HOSPITAL LTD.
SARGASAN
GANDHINAGAR

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

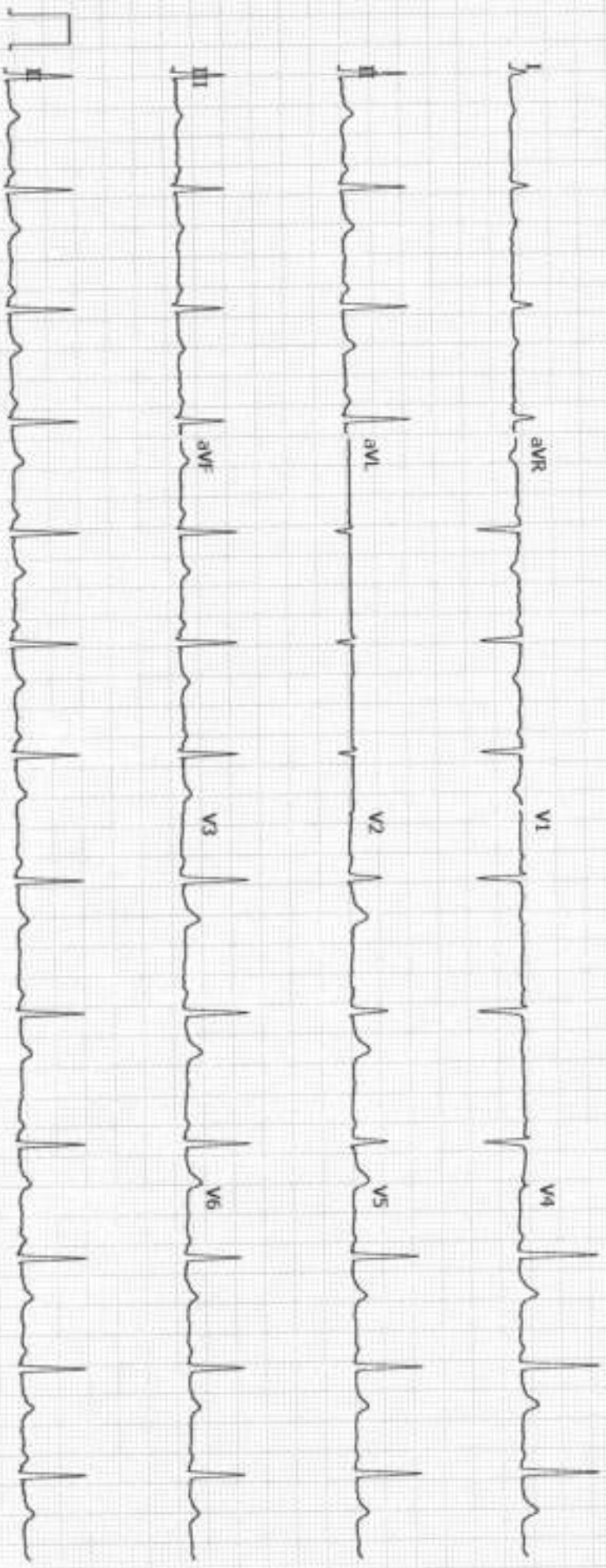
Room:

77 bpm
--/-- month

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 62 ms
QT / QTcBaz : 378 / 427 ms
PR : 126 ms
P : 80 ms
RR / PP : 782 / 779 ms
P / QRS / T : 72 / 72 / 58 degrees

Normal sinus rhythm with sinus arrhythmia
Normal ECG



Unconfirmed

Aashka Hospitals Ltd.
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HOSPITAL



PATIENT NAME:KAJAL JIGNESHKUMAR PARMAR

GENDER/AGE:Female / 35 Years

DATE:28/10/23

DOCTOR:

OPDNO:OSP31515

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:KAJAL JIGNESHKUMAR PARMAR

GENDER/AGE:Female / 35 Years

DATE:28/10/23

DOCTOR:

OPDNO:OSP31515

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 10.3 x 4.0 cms in size.

Left kidney measures about 10.2 x 4.2 cms in size.

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

Aorta, IVC and para aortic region appears normal.


No evidence of ascites is seen.

BLADDER: Bladder is normally distended and appears normal. No evidence of bladder calculus, diverticulum or mass lesion is seen. Prevoid bladder volume measures about 170 cc.

UTERUS: Uterus is anteverted and appears normal in size, shape and position. Endometrial and myometrial echoes appear normal. Endometrial thickness measures about 4.3 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

PATIENT NAME:KAJAL JIGNESHKUMAR PARMAR

GENDER/AGE:Female / 35 Years

DATE:28/10/23

DOCTOR:DR.HASIT JOSHI

OPDNO:OSP31515

2D-ECHO

MITRAL VALVE	: MILD MVP	
AORTIC VALVE	: NORMAL	
TRICUSPID VALVE	: NORMAL	
PULMONARY VALVE	: NORMAL	
AORTA	: 28mm	
LEFT ATRIUM	: 25mm	
LV Dd / Ds	: 36/23mm	EF 65%
IVS / LVPW / D	: 9/8mm	
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	: 1.2m/s	
PULMONARY	: 0.9m/s	
COLOUR DOPPLER	: TRIVIAL MR/TR	
RVSP	: 26mmHg	
CONCLUSION	: NORMAL LV SIZE / SYSTOLIC FUNCTION.	

CARDIOLOGIST

DR.HASIT JOSHI (9825012235)





LABORATORY REPORT



Name : KAJAL JIGNESHKUMAR PARMAR	Sex/Age : Female/ 35 Years	Case ID : 31002201462
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3091404
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 28-Oct-2023 08:53	Sample Type :	Mobile No :
Sample Date and Time : 28-Oct-2023 08:53	Sample Coll. By :	Ref Id1 : OSP31515
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 : O232462217

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Haemogram (CBC)			
MCV (RBC histogram)	82.5	fL	83.00 - 101.00
MCH (Calc)	26.7	pg	27.00 - 32.00
Lipid Profile			
HDL Cholesterol	37.6	mg/dL	48 - 77
Chol/HDL	4.46		0 - 4.1
LDL Cholesterol	113.60	mg/dL	0.00 - 100.00

Abnormal Result(s) Summary End

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

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LABORATORY REPORT



Name : KAJAL JIGNESHKUMAR PARMAR Sex/Age : Female/ 35 Years Case ID : 31002201462
 Ref By : HOSPITAL Dis. At : Pt. ID : 3091404
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 28-Oct-2023 08:53 Sample Type : Whole Blood EDTA Mobile No :
 Sample Date and Time : 28-Oct-2023 08:53 Sample Coll. By : Ref Id1 : OSP31515
 Report Date and Time : 28-Oct-2023 09:29 Acc. Remarks : Normal Ref Id2 : O232462217

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin	12.3	G%	12.0 - 15.0
RBC (Electrical Impedance)	4.60	millions/cumm	3.80 - 4.80
PCV(Calc)	37.95	%	36.00 - 46.00
MCV (RBC histogram)	L 82.5	fL	83.00 - 101.00
MCH (Calc)	L 26.7	pg	27.00 - 32.00
MCHC (Calc)	32.3	gm/dL	31.50 - 34.50
RDW (RBC histogram)	14.40	%	11.00 - 16.00

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

		UNIT	EXPECTED VALUES	[Abs]	EXPECTED VALUES
Total WBC Count	5480	/μL	4000.00 - 10000.00		
Neutrophil	[%] 67.0	%	40.00 - 70.00	3672	/μL 2000.00 - 7000.00
Lymphocyte	26.0	%	20.00 - 40.00	1425	/μL 1000.00 - 3000.00
Eosinophil	3.0	%	1.00 - 6.00	164	/μL 20.00 - 500.00
Monocytes	4.0	%	2.00 - 10.00	219	/μL 200.00 - 1000.00
Basophil	0.0	%	0.00 - 2.00	0	/μL 0.00 - 100.00

PLATELET COUNT (Optical)

Platelet Count	311000	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	2.58		0.78 - 3.53

SMEAR STUDY

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

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

Dr. Shreya Shah

M.D. (Pathologist)

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LABORATORY REPORT



Name : KAJAL JIGNESHKUMAR PARMAR	Sex/Age : Female/ 35 Years	Case ID : 31002201462
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3091404
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 28-Oct-2023 08:53	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 28-Oct-2023 08:53	Sample Coll. By :	Ref Id1 : OSP31515
Report Date and Time : 28-Oct-2023 11:24	Acc. Remarks : Normal	Ref Id2 : O232462217

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR Westergren Method	05	mm after 1hr	3 - 20	

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

Dr. Shreya Shah

(M.D. Pathologist)

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LABORATORY REPORT



Name : KAJAL JIGNESHKUMAR PARMAR	Sex/Age : Female/ 35 Years	Case ID : 31002201462
Ref By : HOSPITAL	Dis. At :	Pt. ID : 3091404
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 28-Oct-2023 08:53	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 28-Oct-2023 08:53	Sample Coll. By :	Ref Id1 : OSP31515
Report Date and Time : 28-Oct-2023 09:29	Acc. Remarks : Normal	Ref Id2 : O232462217

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	A
Rh Type	POSITIVE

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

Dr. Shreya Shah

MD (Pathologist)

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LABORATORY REPORT



Name : KAJAL JIGNESHKUMAR PARMAR	Sex/Age : Female/ 35 Years	Case ID : 31002201462
Ref By : HOSPITAL	Dis. At :	Pt. ID : 3091404
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 28-Oct-2023 08:53	Sample Type : Spot Urine	Mobile No. :
Sample Date and Time : 28-Oct-2023 08:53	Sample Coll. By :	Ref Id1 : OSP31515
Report Date and Time : 28-Oct-2023 11:45	Acc. Remarks : Normal	Ref Id2 : O232462217

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	1.025	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-Very Low, L-Low, H-High, HH-Very High, A-Abnormal)

Dr. Shreya Shah

M.D. (Pathologist)

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LABORATORY REPORT



Name : **KAJAL JIGNESHKUMAR PARMAR** Sex/Age : **Female/ 35 Years** Case ID : **31002201462**
 Ref By : **HOSPITAL** Dis. At : Pt. ID : **3091404**
 Bill. Loc : **Aashka hospital** Pt. Loc :
 Reg Date and Time : **28-Oct-2023 08:53** Sample Type : **Spot Urine** Mobile No :
 Sample Date and Time : **28-Oct-2023 08:53** Sample Coll. By : Ref Id1 : **OSP31515**
 Report Date and Time : **28-Oct-2023 11:45** Acc. Remarks : **Normal** Ref Id2 : **O232462217**

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-Very High 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 : **KAJAL JIGNESHKUMAR PARMAR** Sex/Age : **Female/ 35 Years** Case ID : **31002201462**
 Ref By : **HOSPITAL** Dis. At : Pt. ID : **3091404**
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : **28-Oct-2023 08:53** Sample Type : **Plasma Fluoride F, Plasma Fluoride PP** Mobile No :
 Sample Date and Time : **28-Oct-2023 08:53** Sample Coll. By : Ref Id1 : **OSP31515**
 Report Date and Time : **28-Oct-2023 14:30** Acc. Remarks : **Normal** Ref Id2 : **O232462217**
 TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

BIOCHEMICAL INVESTIGATIONS

Blood Glucose Level (Fasting & Post Prandial)

Plasma Glucose - F	97.20	mg/dL	70.0 - 100
Plasma Glucose - PP	106.67	mg/dL	70.0 - 140.0

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

100 mg/dL : Normal level

125 mg/dL : Impaired fasting glucose guidelines

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

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

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LABORATORY REPORT



Name : KAJAL JIGNESHKUMAR PARMAR	Sex/Age : Female/ 35 Years	Case ID : 31002201462
Ref By : HOSPITAL	Dis. At :	Pt. ID : 3091404
Bill Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 28-Oct-2023 08:53	Sample Type : Serum	Mobile No :
Sample Date and Time : 28-Oct-2023 08:53	Sample Coll. By :	Ref Id1 : OSP31515
Report Date and Time : 28-Oct-2023 12:17	Acc. Remarks : Normal	Ref Id2 : O232462217

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol <small>Colorimetric, CHOD-POD</small>	167.70	mg/dL	110 - 200	
HDL Cholesterol	L 37.6	mg/dL	48 - 77	
Triglyceride <small>Glycerol Phosphate Oxidase</small>	82.51	mg/dL	<150	
VLDL <small>Calculated</small>	16.50	mg/dL	10 - 40	
Chol/HDL <small>Calculated</small>	H 4.46		0 - 4.1	
LDL Cholesterol <small>Calculated</small>	H 113.60	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 >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)

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LABORATORY REPORT



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Report Date and Time : 28-Oct-2023 13:15	Acc. Remarks : Normal	Ref Id2 : O232462217

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Liver Function Test

S.G.P.T. <i>UV with PSP</i>	15.25	U/L	14 - 59	
S.G.O.T. <i>UV with PSP</i>	17.04	U/L	15 - 37	
Alkaline Phosphatase <i>Enzymatic, PNPP,AMP</i>	97.45	U/L	46 - 116	
Gamma Glutamyl Transferase <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate</i>	14.60	U/L	0 - 38	
Proteins (Total) <i>Colorimetric, Buret</i>	7.66	gm/dL	6.40 - 8.30	
Albumin <i>Bromocresol purple</i>	4.46	gm/dL	3.4 - 5	
Globulin <i>Calculated</i>	3.20	gm/dL	2 - 4.1	
A/G Ratio <i>Calculated</i>	1.4		1.0 - 2.1	
Bilirubin Total <i>Photometry</i>	0.30	mg/dL	0.3 - 1.2	
Bilirubin Conjugated <i>Diazotization reaction</i>	0.15	mg/dL	0 - 0.50	
Bilirubin Unconjugated <i>Calculated</i>	0.15	mg/dL	0 - 0.8	

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

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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 : KAJAL JIGNESHKUMAR PARMAR	Sex/Age : Female/ 35 Years	Case ID : 31002201462
Ref By : HOSPITAL	Dis. At :	Pt. ID : 3091404
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 28-Oct-2023 08:53	Sample Type : Serum	Mobile No :
Sample Date and Time : 28-Oct-2023 08:53	Sample Coll. By :	Ref Id1 : OSP31515
Report Date and Time : 28-Oct-2023 12:17	Acc. Remarks : Normal	Ref Id2 : O232462217

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BUN (Blood Urea Nitrogen) <small>GLDH</small>	9.4	mg/dL	7.00 - 18.70	
Creatinine	0.60	mg/dL	0.50 - 1.50	
Uric Acid <small>Ur-case</small>	2.77	mg/dL	2.6 - 6.2	

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

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LABORATORY REPORT



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Ref By : HOSPITAL	Dis. At :	Pt. ID : 3091404
Bill Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 28-Oct-2023 08:53	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 28-Oct-2023 08:53	Sample Coll. By :	Ref Id1 : OSP31515
Report Date and Time : 28-Oct-2023 09:51	Acc. Remarks : Normal	Ref Id2 : O232462217

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Glycated Haemoglobin Estimation				
HbA1C	4.98	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) <small>Calculated</small>	96.23	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)

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LABORATORY REPORT



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Sample Date and Time : 28-Oct-2023 08:53	Sample Coll. By :	Ref Id1 : OSP31515
Report Date and Time : 28-Oct-2023 14:34	Acc. Remarks : Normal	Ref Id2 : O232462217

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Thyroid Function Test				
Triiodothyronine (T3)	100.0	ng/dL	70 - 204	
Thyroxine (T4) CMA	6.67	ng/dL	4.87 - 11.72	
TSH CMA	1.05	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-Very Low L-Low H-High HH-Very High A-Abnormal)

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LABORATORY REPORT



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Interpretation Note:

s-TSH 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 test for assessing 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	↑	↑	↑
T1 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.

N:Normal L:Very Low, L:Low, H:High, HH:Very High A:Abnormal

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