



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. KUMAR DILIP
EC NO.	80911
DESIGNATION	FOREX BACK OFFICE
PLACE OF WORK	GANDHINAGAR,GIFT CITY,NATIONAL
BIRTHDATE	15-12-1985
PROPOSED DATE OF HEALTH CHECKUP	30-03-2023
BOOKING REFERENCE NO.	22M80911100054254E

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 **28-03-2023** till **31-03-2023** The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee 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))

Health Check up Booking Confirmed Request(bobE38065),Package Code-PKG10000240,  
Beneficiary Code-11197

Mediwheel <wellness@mediwheel.in>

Thu 4/13/2023 6:07 PM

To: Dilip Kumar <DILIP.KUMAR@bankofbaroda.com>

Cc: customercare@mediwheel.in <customercare@mediwheel.in>

**\*\*सावधान:** यह मेल बैंक डोमेन के बाहर से आया है. अगर आप प्रेषक को नहीं जानते तो मेल में दी गयी  
लिंक पर क्लिक ना करें या अटैचमेंट ना खोलें.  
**\*\*CAUTION:** THIS MAIL IS ORIGINATED FROM OUTSIDE OF THE BANK'S DOMAIN. DO  
NOT CLICK ON LINKS OR OPEN ATTACHMENTS UNLESS YOU KNOW THE SENDER.

011-41195959  
Email:wellness@mediwheel.in

Dear **MR. KUMAR DILIP,**

Please find the confirmation for following request.

**Booking Date** : 13-04-2023  
**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** : 14-04-2023  
**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.

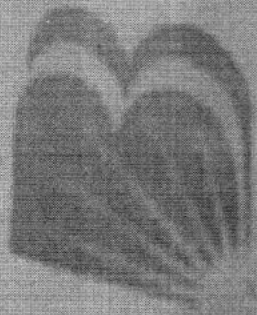
In case of further assistance, Please reach out to Team Mediwheel.

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**SUGGESTIVE LIST OF MEDICAL TESTS**

<b>FOR MALE</b>	<b>FOR FEMALE</b>
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
<b>Lipid Profile</b>	<b>Lipid Profile</b>
Total Cholesterol	Total Cholesterol
HDL	HDL
LDL	LDL
VLDL	VLDL
Triglycerides	Triglycerides
HDL / LDL ratio	HDL / LDL ratio
<b>Liver Profile</b>	<b>Liver Profile</b>
AST	AST
ALT	ALT
GGT	GGT
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
ALP	ALP
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
<b>Kidney Profile</b>	<b>Kidney Profile</b>
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
<b>General Tests</b>	<b>General Tests</b>
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



બેંક ઓફ બારોડા  
Bank of Baroda



નામ

Name **Mr. KUMAR DILIP**

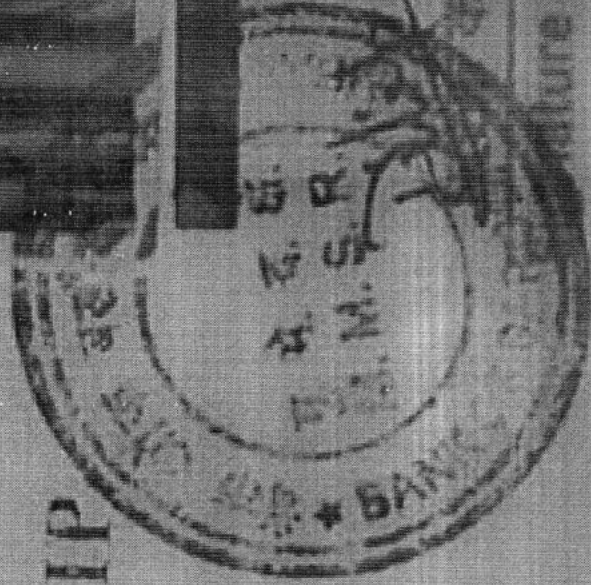
કર્મચારી કૂટ ક્ર.

E. C. No.

**80911**

આધિકારી સહી  
*AKS*

Issuing Authority



કર્મચારી  
Signature of Holder

PATIENT NAME:MR.DILIP KUMAR

GENDER/AGE:Male / 37 Years


DATE:14/04/23

DOCTOR:DR.HASIT JOSHI

OPDNO:OSP30228

**2D-ECHO**

MITRAL VALVE : MILD MVP  
AORTIC VALVE : NORMAL  
TRICUSPID VALVE : NORMAL  
PULMONARY VALVE : NORMAL  
AORTA : 31mm  
LEFT ATRIUM : 33mm  
LV Dd / Ds : 41/29mm EF 58%  
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 : 1.3m/s  
PULMONARY : 0.9m/s  
COLOUR DOPPLER : TRIVIAL MR/TR  
RVSP : 26mmHg  
CONCLUSION : MILD MVP / TRIVIAL MR;  
NORMAL LV SIZE / SYSTOLIC FUNCTION.

  
CARDIOLOGIST  
DR.HASIT JOSHI (9825012235)



## LABORATORY REPORT



Name : DILIP KUMAR	Sex/Age : Male / 38 Years	Case ID : 30402200316
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2677519
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 14-Apr-2023 08:31	Sample Type :	Mobile No :
Sample Date and Time : 14-Apr-2023 08:31	Sample Coll. By : non	Ref Id1 : OSP30228
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 : O2324416

### Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
<b>Haemogram (CBC)</b>			
Lymphocyte	19.0	%	20.00 - 40.00
Eosinophil	24.0	%	1.00 - 6.00
Eosinophil	1685	/ $\mu$ L	20.00 - 500.00
<b>Lipid Profile</b>			
HDL Cholesterol	36.6	mg/dL	48 - 77
Triglyceride	240.64	mg/dL	40 - 200
VLDL	48.13	mg/dL	10 - 40
Chol/HDL	5.18		0 - 4.1
LDL Cholesterol	104.70	mg/dL	65 - 100
<b>Liver Function Test</b>			
Bilirubin Conjugated	0.21	mg/dL	0 - 0.20
Plasma Glucose - F	104.45	mg/dL	70 - 100

Abnormal Result(s) Summary End

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,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 : **DILIP KUMAR** Sex/Age : **Male / 38 Years** Case ID : **30402200316**  
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **2677519**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 14-Apr-2023 08:31 Sample Type : **Whole Blood EDTA** Mobile No :  
 Sample Date and Time : 14-Apr-2023 08:31 Sample Coll. By : **non** Ref Id1 : **OSP30228**  
 Report Date and Time : 14-Apr-2023 10:12 Acc. Remarks : **Normal** Ref Id2 : **O2324416**

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

#### HB AND INDICES

Haemoglobin	<b>13.8</b>	G%	13.00 - 17.00
RBC (Electrical Impedance)	4.93	millions/cumm	4.50 - 5.50
PCV(Calc)	43.04	%	40.00 - 50.00
MCV (RBC histogram)	87.3	fL	83.00 - 101.00
MCH (Calc)	27.9	pg	27.00 - 32.00
MCHC (Calc)	32.0	gm/dL	31.50 - 34.50
RDW (RBC histogram)	14.60	%	11.00 - 16.00

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

WBC Type	Count	Unit	Expected Values	[Abs]	Expected Values
Total WBC Count	7020	/μL	4000.00 - 10000.00		
Neutrophil	<b>52.0</b> [%]	%	40.00 - 70.00	<b>3650</b>	2000.00 - 7000.00
Lymphocyte	L <b>19.0</b>	%	20.00 - 40.00	1334	1000.00 - 3000.00
Eosinophil	H <b>24.0</b>	%	1.00 - 6.00	H <b>1685</b>	200.00 - 500.00
Monocytes	5.0	%	2.00 - 10.00	351	200.00 - 1000.00
Basophil	0.0	%	0.00 - 2.00	0	0.00 - 100.00

#### PLATELET COUNT (Optical)

Platelet Count	<b>155000</b>	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	<b>2.74</b>		0.78 - 3.53

#### SMEAR STUDY

RBC Morphology : Normocytic Normochromic RBCs.  
 WBC Morphology : Eosinophilia  
 Platelet : Platelets are adequate in number.  
 Parasite : Malarial Parasite not seen on smear.

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

*Shah*

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

Dr. Shreya Shah  
M.D. (Pathologist)

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## LABORATORY REPORT



Name : DILIP KUMAR	Sex/Age : Male / 38 Years	Case ID : 30402200316
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2677519
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 14-Apr-2023 08:31	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 14-Apr-2023 08:31	Sample Coll. By : non	Ref Id1 : OSP30228
Report Date and Time : 14-Apr-2023 09:39	Acc. Remarks : Normal	Ref Id2 : O2324416

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	B
Rh Type	POSITIVE

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 : DILIP KUMAR	Sex/Age : Male / 38 Years	Case ID : 30402200316
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2677519
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 14-Apr-2023 08:31	Sample Type : Spot Urine	Mobile No :
Sample Date and Time : 14-Apr-2023 09:16	Sample Coll. By : non	Ref Id1 : OSP30228
Report Date and Time : 14-Apr-2023 09:39	Acc. Remarks : Normal	Ref Id2 : O2324416

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>URINE EXAMINATION (STRIP METHOD AND FLOWCYTOMETRY)</b>				

Physical examination

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

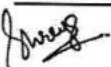
Chemical Examination By Sysmex UC-3500

Sp.Gravity	>1.025		1.005 - 1.030
pH	5.50		5 - 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)

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



## LABORATORY REPORT



Name : **DILIP KUMAR** Sex/Age : **Male / 38 Years** Case ID : **30402200316**  
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **2677519**  
 Bill. Loc. : **Aashka hospital** Pt. Loc. :  
 Reg Date and Time : **14-Apr-2023 08:31** Sample Type : **Spot Urine** Mobile No :  
 Sample Date and Time : **14-Apr-2023 09:16** Sample Coll. By : **non** Ref Id1 : **OSP30228**  
 Report Date and Time : **14-Apr-2023 09:39** Acc. Remarks : **Normal** Ref Id2 : **O2324416**

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 : **DILIP KUMAR** Sex/Age : **Male / 38 Years** Case ID : **30402200316**  
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **2677519**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 14-Apr-2023 08:31 Sample Type : **Plasma Fluoride F,Plasma Fluoride PP,Serum** Mobile No :  
 Sample Date and Time : 14-Apr-2023 08:31 Sample Coll. By : **non** Ref Id1 : **OSP30228**  
 Report Date and Time : 14-Apr-2023 09:39 Acc. Remarks : **Normal** Ref Id2 : **O2324416**

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>Plasma Glucose - F</b> <i>Photometric,Hexokinase</i>	<b>H 104.45</b>	mg/dL	70 - 100	
<b>Plasma Glucose - PP</b> <i>Photometric,Hexokinase</i>	<b>102.61</b>	mg/dL	70.0 - 140.0	
<b>Creatinine</b>	<b>0.86</b>	mg/dL	0.50 - 1.50	
<b>Uric Acid</b> <i>Uricase</i>	<b>6.92</b>	mg/dL	3.5 - 7.2	

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 : **DILIP KUMAR** Sex/Age : **Male / 38 Years** Case ID : **30402200316**  
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **2677519**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 14-Apr-2023 08:31 Sample Type : Serum Mobile No :  
 Sample Date and Time : 14-Apr-2023 08:31 Sample Coll. By : non Ref Id1 : OSP30228  
 Report Date and Time : 14-Apr-2023 09:39 Acc. Remarks : Normal Ref Id2 : O2324416

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

#### Lipid Profile

<b>Cholesterol</b> <i>Colorimetric, CHOD-POD</i>	<b>189.43</b>	mg/dL	110 - 200
<b>HDL Cholesterol</b>	<b>L 36.6</b>	mg/dL	48 - 77
<b>Triglyceride</b> <i>Colorimetric-Arsenazo Method</i>	<b>H 240.64</b>	mg/dL	40 - 200
<b>VLDL</b> <i>Calculated</i>	<b>H 48.13</b>	mg/dL	10 - 40
<b>Chol/HDL</b> <i>Calculated</i>	<b>H 5.18</b>		0 - 4.1
<b>LDL Cholesterol</b> <i>Calculated</i>	<b>H 104.70</b>	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)

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

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## LABORATORY REPORT



Name : DILIP KUMAR      Sex/Age : Male / 38 Years      Case ID : 30402200316  
 Ref.By : HOSPITAL      Dis. At :      Pt. ID : 2677519  
 Bill. Loc. : Aashka hospital      Pt. Loc :

Reg Date and Time : 14-Apr-2023 08:31      Sample Type : Serum      Mobile No :  
 Sample Date and Time : 14-Apr-2023 08:31      Sample Coll. By : non      Ref Id1 : OSP30228  
 Report Date and Time : 14-Apr-2023 09:39      Acc. Remarks : Normal      Ref Id2 : O2324416

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>BIOCHEMICAL INVESTIGATIONS</b>				
<b>Liver Function Test</b>				

<b>S.G.P.T.</b> <i>UV with P5P</i>	22.44	U/L	16 - 63	
<b>S.G.O.T.</b> <i>UV with P5P</i>	17.30	U/L	15 - 37	
<b>Alkaline Phosphatase</b> <i>Enzymatic, PNPP-AMP</i>	107.60	U/L	46 - 116	
<b>Gamma Glutamyl Transferase</b> <i>Enzymatic</i>	14.17	U/L	0.00 - 64.00	
<b>Proteins (Total)</b> <i>Colorimetric, Biuret</i>	7.50	gm/dL	6.4 - 8.2	
<b>Albumin</b> <i>Bromocresol purple</i>	4.78	gm/dL	3.4 - 5	
<b>Globulin</b> <i>Calculated</i>	2.72	gm/dL	2 - 4.1	
<b>A/G Ratio</b> <i>Calculated</i>	1.8		1.0 - 2.1	
<b>Bilirubin Total</b>	0.70	mg/dL	0.2 - 1.0	
<b>Bilirubin Conjugated</b> <i>Diazotized Sulfanilic Acid Method</i>	H 0.21	mg/dL	0 - 0.20	
<b>Bilirubin Unconjugated</b> <i>Calculated</i>	0.49	mg/dL	0 - 0.8	

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 : DILIP KUMAR	Sex/Age : Male / 38 Years	Case ID : 30402200316
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2677519
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 14-Apr-2023 08:31	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 14-Apr-2023 08:31	Sample Coll. By : non	Ref Id1 : OSP30228
Report Date and Time : 14-Apr-2023 10:36	Acc. Remarks : Normal	Ref Id2 : O2324416

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>Glycated Haemoglobin Estimation</b>				
HbA1C	4.95	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	95.36	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)

*Shah*

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

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

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## LABORATORY REPORT



Name : **DILIP KUMAR** Sex/Age : **Male / 38 Years** Case ID : **30402200316**  
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **2677519**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 14-Apr-2023 08:31	Sample Type : Serum	Mobile No :
Sample Date and Time : 14-Apr-2023 08:31	Sample Coll. By : non	Ref Id1 : OSP30228
Report Date and Time : 14-Apr-2023 09:39	Acc. Remarks : Normal	Ref Id2 : O2324416

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>BIOCHEMICAL INVESTIGATIONS</b>				
<b>Proteins (Total)</b> <i>Colorimetric, Biuret</i>	<b>7.50</b>	gm/dL	6.4 - 8.2	
<b>Albumin</b> <i>Bromocresol purple</i>	<b>4.78</b>	gm/dL	3.4 - 5	
<b>Globulin</b> <i>Calculated</i>	<b>2.72</b>	gm/dL	2 - 4.1	
<b>A/G Ratio</b> <i>Calculated</i>	<b>1.8</b>		1.0 - 2.1	

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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Printed On : 14-Apr-2023 14:37





## LABORATORY REPORT



Name : **DILIP KUMAR** Sex/Age : **Male / 38 Years** Case ID : **30402200316**  
 Ref.By : HOSPITAL Dis. At : Pt. ID : **2677519**  
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 14-Apr-2023 08:31	Sample Type : Serum	Mobile No :
Sample Date and Time : 14-Apr-2023 08:31	Sample Coll. By : non	Ref Id1 : OSP30228
Report Date and Time : 14-Apr-2023 11:08	Acc. Remarks : Normal	Ref Id2 : O2324416

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>Thyroid Function Test</b>				

Triiodothyronine (T3)	98.06	ng/dL	70 - 204	
Thyroxine (T4) CMA	7.1	ng/dL	4.6 - 10.5	
TSH CMA	2.456	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. Manoj Shah**  
 M.D. (Path. & Bact.)

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

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Printed On : 14-Apr-2023 14:37





## LABORATORY REPORT



Name : **DILIP KUMAR** Sex/Age : **Male / 38 Years** Case ID : **30402200316**  
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **2677519**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 14-Apr-2023 08:31 Sample Type : Serum Mobile No :  
 Sample Date and Time : 14-Apr-2023 08:31 Sample Coll. By : non Ref Id1 : OSP30228  
 Report Date and Time : 14-Apr-2023 11:08 Acc. Remarks : Normal Ref Id2 : O2324416

**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)

*Shah*

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

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

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**Neuberg Supratech Reference Laboratories Private Limited**

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 ☎ 079-40408181 / 61618181 ✉ contact@supratechlabs.com 🌐 www.neubergsupratech.com

Aashka Hospitals Ltd.

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Phone: 079-29750750, +91-7575006000 / 9000

Emergency No.: +91-7575007707 / 9879752777

www.aashkahospitals.in

CIN: L85110GJ2012PLC072647



**PATIENT NAME:MR.DILIP KUMAR**

**GENDER/AGE:Male / 37 Years**

**DATE:14/04/23**

**DOCTOR:**

**OPDNO:OSP30228**

### 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:** H/o surgery.

**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 4.2 cms in size.

Left kidney measures about 9.9 x 4.0 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 160 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 24 cc.

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

  
**DR. SNEHAL PRAJAPATI**  
CONSULTANT RADIOLOGIST

14.04.2023 10:42:03 AM  
AASHIKA HOSPITAL LTD.  
SARGASAN  
GANDHINAGAR

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

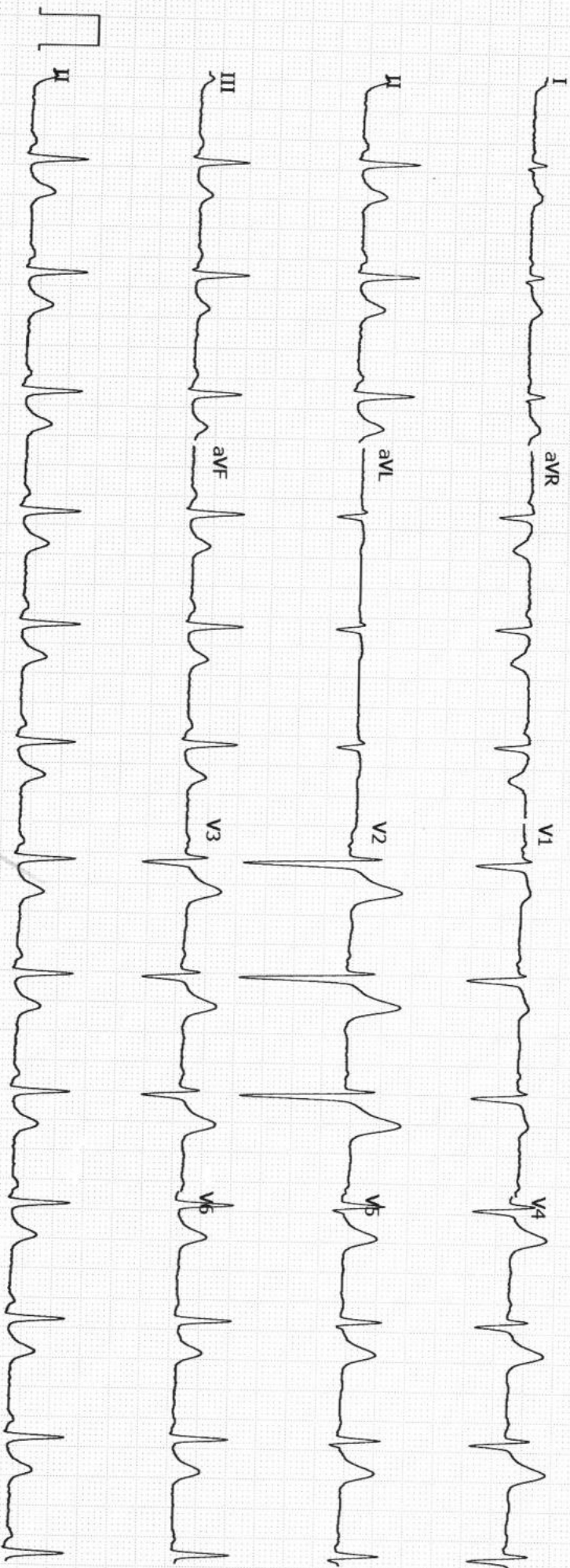
Room: 101 D-942 #

77 bpm  
-- / -- mmHg

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 84 ms  
QT / QTcbaz : 354 / 400 ms  
PR : 130 ms  
P : 102 ms  
RR / PP : 778 / 779 ms  
P / QRS / T : 83 / 80 / 62 degrees

Normal sinus rhythm  
Normal ECG



SE MAC2000

1.1

12SL™ V241

25 mm/s 10 mm/mV

ADS

0.56-20 Hz

50 Hz

Unconfirmed  
4x2.5x3\_25\_R1

1/1

Aashka Hospitals Ltd.  
Between Sargasan and Reliance Cross Roads  
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Phone: 079-29750750, +91-7575006000 / 9000  
Emergency No.: +91-7575007707 / 9879752777  
www.aashkahospitals.in  
CIN: L85110GJ2012PLC072647



**PATIENT NAME:MR.DILIP KUMAR**

**GENDER/AGE:Male / 37 Years**

**DATE:14/04/23**

**DOCTOR:**

**OPDNO:OSP30228**

**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**

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

UHID: <i>OSP 30228</i>	Date: <i>14/4/23</i>	Time:
Patient Name: <i>Mr. Dilip Kumar</i>	Age / Sex: <i>37/M</i>	Height: <i>168 cm</i>
	Weight: <i>72-9 kg</i>	
Chief Complain:		
History: <i>Routine dental check up</i>		
Allergy History: <i>—</i>		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination:		
Extra oral :		
Intra oral – Teeth Present :	<i>Stain + Calculus ++</i>	
Teeth Absent :		
Diagnosis: <i>chronic gingivitis</i>		

**Rx**

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

**Other Advice:**

Advise Soothing

↓  
Sejour

**Follow-up:**

**Consultant's Sign:**



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

UHID: <u>OSP 30225</u>	Date: <u>14/04/2023</u>	Time:
Patient Name: <u>MR. DILIP KUMAR</u>	Age / Sex: <u>38 / M</u>	Height: <u>168 - cm</u>
		Weight: <u>72.9 kg</u>
History: <u>dx Roux-Y esophagus</u>		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination: <u>GI</u> <u>NML GI</u> <u>N.V</u> < <u>MI</u> <u>EGL</u> < <u>MI</u>		
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	<i>pc</i>			<i>n</i>		
N						

Other Advice:

*(M)*

Follow-up:

Consultant's Sign:

*[Signature]*

**DR. PRAKASH D MAKWANA**  
**M.D.**  
**REG.NO.G-29078**

UHID:	Date: 14/04/23	Time: 4:09 PM
Patient Name: DILIP	Height:	
Age / Sex: 38 YR / M LMP:	Weight:	
History:		
C/O: ⇒ ROUTINE HEALTH CHECK UP	History: ⇒ NO	
Allergy History: NKDA	Addiction: NO	
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Vitals & Examination:		
Temperature: (N)		
Pulse: 88 / MINUTE		
BP: 100 / 60 MMHG		
SPO2: 99%		
Provisional Diagnosis:		

