



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 ROHIT
EC NO.	108986
DESIGNATION	SAMANVAY CELL
PLACE OF WORK	GANDHINAGAR,GIFT CITY,NATIONAL
BIRTHDATE	08-05-1987
PROPOSED DATE OF HEALTH CHECKUP	25-03-2023
BOOKING REFERENCE NO.	22M108986100051836E

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **22-03-2023** 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))



बैंक ऑफ बरोडा
Bank of Baroda

नाम Name

Rohit Kumar

क. कूट. क्र. EC No.

108986

जारीकर्ता प्राधिकारी (क्षेत्रीय प्रबन्धक)
Issuing Authority (Regional Manager)



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

HID:		Date: 25/3/23	Time:
Patient Name: Rohit Kumar		Age / Sex: 35 (M)	Height:
		Weight:	
History: C/O Rahu chh ush ---/RC---			
Allergy History:			
Nutritional Screening: Well-Nourished / Malnourished / Obese			
Examination: D.V. 26/6 6/6 M.V. 26/6 6/6 ---/RC---			
Diagnosis:			

DR. PRAKASH D MAKWANA
M.D.
REG.NO.G-29078
MO.NO-9722116164

UHID: 00323907	Date: 25/03/23	Time: 3:27 PM
Patient Name: ROHIT	Height: 47.4 kg	Weight: 174 CM.
Age / Sex: 35 YR / M LMP:		
History: C/C/O: => ROUTINE HEALTH CHECKUP	History: => NO	
Allergy History: N/CDA	Addiction: —	
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Vitals & Examination: Temperature: (N) Pulse: 58 / MINUTE BP: 120 / 80 MM HG SPO2: 99%		
Provisional Diagnosis:		

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aashka
HOSPITAL



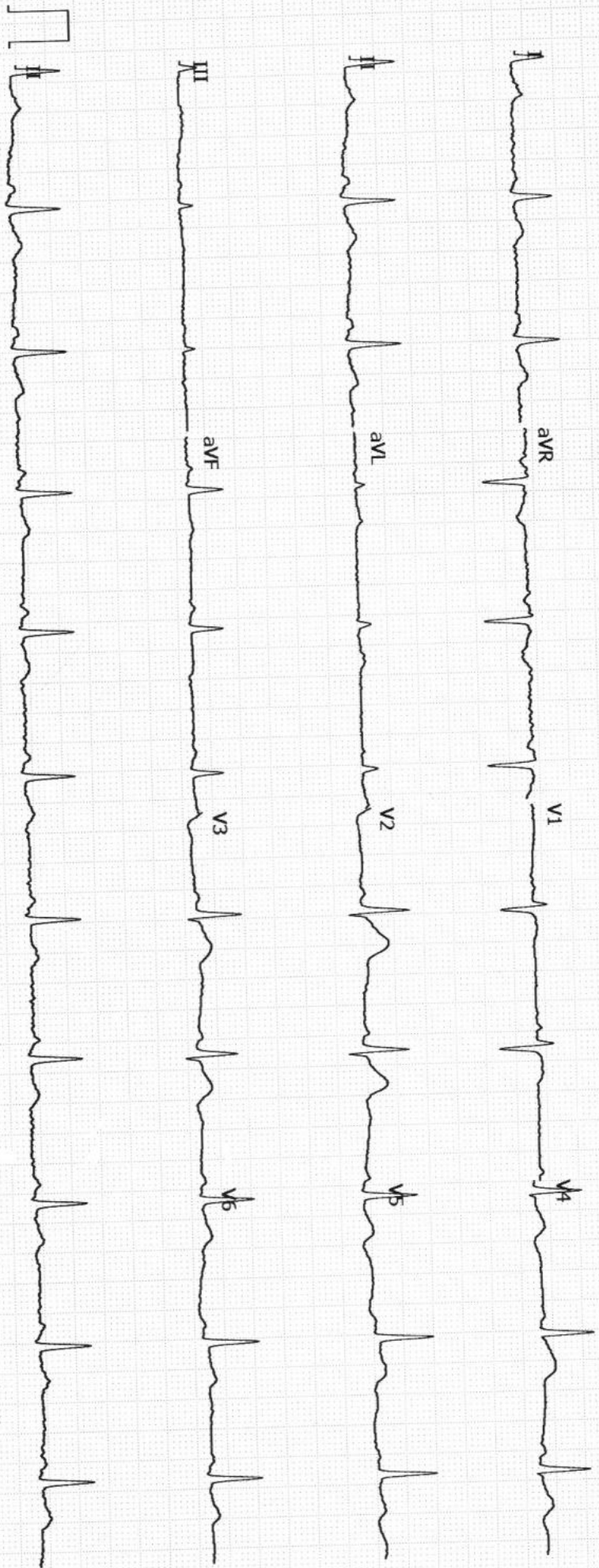
DR. SEJAL J AMIN
B.D.S, M.D.S (PERIODONTIST)
IMPLANTOLOGIST
REG NO: A-12942

UHID:	Date: 25/3/23	Time:
Patient Name: Rohit Kumar	Age/Sex: 35/M.	Height: Weight:
Chief Complain:	Routine dental check up.	
History:		
Allergy History:		
Nutritional Screening:	Well-Nourished / Malnourished / Obese	
Examination:		
Extra oral:	→ Stain +	
Intra oral – Teeth Present:	Calculus ++	
Teeth Absent:		
Diagnosis:		

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 76 ms
QT / QTcBaz : 380 / 392 ms
PR : 128 ms
P : 86 ms
RR / PP : 940 / 937 ms
P / QRS / T : 54 / 47 / 29 degrees

Normal sinus rhythm
Normal ECG



Unconfirmed

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CIN: L85110GJ2012PLC072647

**PATIENT NAME:ROHIT KUMAR****GENDER/AGE:Male / 35 Years****DATE:25/03/23****DOCTOR:DR.HASIT JOSHI****OPDNO:O0323907****2D-ECHO**

MITRAL VALVE	: NORMAL	
AORTIC VALVE	: NORMAL	
TRICUSPID VALVE	: NORMAL	
PULMONARY VALVE	: NORMAL	
AORTA	: 30mm	
LEFT ATRIUM	: 35mm	
LV Dd / Ds	: 41/28mm	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	: 1.2m/s	
PULMONARY	: 0.9m/s	
COLOUR DOPPLER	: TRIVIAL MR/TR	
RVSP	: 26mmHg	
CONCLUSION	: <u>NORMAL LV SIZE / SYSTOLIC FUNCTION.</u>	

CARDIOLOGIST**DR.HASIT JOSHI (9825012235)**

X

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PATIENT NAME:ROHIT KUMAR

GENDER/AGE:Male / 35 Years

DATE:25/03/23

DOCTOR:

OPDNO:00323907

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

Aashka Hospitals Ltd.

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PATIENT NAME: ROHIT KUMAR

GENDER/AGE: Male / 35 Years

DATE: 25/03/23

DOCTOR:

OPDNO: O0323907

SONOGRAPHY OF ABDOMEN AND PELVIS

LIVER: Liver appears normal in size and shows increased parenchymal echoes suggest fatty changes. No evidence of focal 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 10.2 x 4.1 cms in size.

Left kidney measures about 10.3 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 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 14 cc.

COMMENT: Grade I fatty changes in liver.

Fecal loaded large bowel loops seen.

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

DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST



LABORATORY REPORT



Name : ROHIT KUMAR	Sex/Age : Male / 36 Years	Case ID : 30302200621
Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 2637368
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 25-Mar-2023 08:29	Sample Type :	Mobile No :
Sample Date and Time : 25-Mar-2023 08:29	Sample Coll. By :	Ref Id1 : OO323907
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 : O222310070

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Glyco Hemoglobin			
HbA1C	4.70	% of total Hb	4.80 - 6.00
Haemogram (CBC)			
Platelet Count	82000	/ μ L	150000.00 - 410000.00
Lipid Profile			
HDL Cholesterol	41.2	mg/dL	48 - 77
Chol/HDL	4.35		0 - 4.1
LDL Cholesterol	114.61	mg/dL	65 - 100
Liver Function Test			
A/G Ratio	2.3		1.0 - 2.1
Bilirubin Conjugated	0.26	mg/dL	0 - 0.20
Uric Acid	7.57	mg/dL	3.5 - 7.2

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 : **ROHIT KUMAR** Sex/Age : **Male / 36 Years** Case ID : **30302200621**
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **2637368**
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : **25-Mar-2023 08:29** Sample Type : **Whole Blood EDTA** Mobile No :
 Sample Date and Time : **25-Mar-2023 08:29** Sample Coll. By : Ref Id1 : **OO323907**
 Report Date and Time : **25-Mar-2023 08:57** Acc. Remarks : **Normal** Ref Id2 : **O222310070**

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin (Colorimetric)	<u>14.4</u>	G%	13.00 - 17.00
RBC (Electrical Impedance)	4.81	millions/cumm	4.50 - 5.50
PCV(Calc)	44.88	%	40.00 - 50.00
MCV (RBC histogram)	93.3	fL	83.00 - 101.00
MCH (Calc)	29.9	pg	27.00 - 32.00
MCHC (Calc)	32.0	gm/dL	31.50 - 34.50
RDW (RBC histogram)	15.60	%	11.00 - 16.00

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

			EXPECTED VALUES	[Abs]	EXPECTED VALUES
Total WBC Count	5470	/μL			
Neutrophil	<u>52.0</u>	%	40.00 - 70.00	2844	/μL 2000.00 - 7000.00
Lymphocyte	38.0	%	20.00 - 40.00	2079	/μL 1000.00 - 3000.00
Eosinophil	4.0	%	1.00 - 6.00	219	/μL 20.00 - 500.00
Monocytes	5.0	%	2.00 - 10.00	274	/μL 200.00 - 1000.00
Basophil	1.0	%	0.00 - 2.00	55	/μL 0.00 - 100.00

PLATELET COUNT (Optical)

Platelet Count	<u>L 82000</u>	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	1.37		0.78 - 3.53

SMEAR STUDY

RBC Morphology	Normocytic Normochromic RBCs.
WBC Morphology	Total WBC count within normal limits.
Platelet	Marked Thrombocytopenia. Rechecked in two different machines and confirmed manually. Adv: Repeat with fresh sample if clinically not correlated to rule out preanalytical error.
Parasite	Malarial Parasite not seen on smear.

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 : ROHIT KUMAR	Sex/Age : Male / 36 Years	Case ID : 30302200621
Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 2637368
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 25-Mar-2023 08:29	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 25-Mar-2023 08:29	Sample Coll. By :	Ref Id1 : OO323907
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Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 25-Mar-2023 08:29	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 25-Mar-2023 08:29	Sample Coll. By :	Ref Id1 : OO323907
Report Date and Time : 25-Mar-2023 09:57	Acc. Remarks : Normal	Ref Id2 : O222310070

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR	03	mm after 1hr	3 - 15	

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

Shah

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

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M.D. (Pathologist)

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LABORATORY REPORT



Name : ROHIT KUMAR Sex/Age : Male / 36 Years Case ID : 30302200621
 Ref.By : AASHKA HOSPITAL Dis. At : Pt. ID : 2637368
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 25-Mar-2023 08:29 Sample Type : Spot Urine Mobile No :
 Sample Date and Time : 25-Mar-2023 08:29 Sample Coll. By : Ref Id1 : OO323907
 Report Date and Time : 25-Mar-2023 10:15 Acc. Remarks : Normal Ref Id2 : O222310070

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)

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LABORATORY REPORT



Name : ROHIT KUMAR Sex/Age : Male / 36 Years Case ID : 30302200621
 Ref.By : AASHKA HOSPITAL Dis. At : Pt. ID : 2637368
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 25-Mar-2023 08:29 Sample Type : Plasma Fluoride F, Plasma Fluoride PP Mobile No :
 Sample Date and Time : 25-Mar-2023 08:29 Sample Coll. By : Ref Id1 : 00323907
 Report Date and Time : 25-Mar-2023 12:49 Acc. Remarks : Normal Ref Id2 : 0222310070
 TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

BIOCHEMICAL INVESTIGATIONS

Biochemical Investigations by Dimension EXL (Siemens)

Plasma Glucose - F <i>Photometric, Hexokinase</i>	98.92	mg/dL	70 - 100
Plasma Glucose - PP <i>Photometric, Hexokinase</i>	105.28	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)

Shah

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 M.D. (Path. & Bact.)

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 M.D. (Pathologist)

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LABORATORY REPORT



Name : ROHIT KUMAR Sex/Age : Male / 36 Years Case ID : 30302200621
 Ref.By : AASHKA HOSPITAL Dis. At : Pt. ID : 2637368
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 25-Mar-2023 08:29 Sample Type : Serum Mobile No :
 Sample Date and Time : 25-Mar-2023 08:29 Sample Coll. By : Ref Id1 : OO323907
 Report Date and Time : 25-Mar-2023 09:38 Acc. Remarks : Normal Ref Id2 : O222310070

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol <i>Colorimetric, CHOD-POD</i>		179.11	mg/dL	110 - 200
HDL Cholesterol	L	41.2	mg/dL	48 - 77
Triglyceride <i>Colorimetric-Arsenazo Method</i>		116.51	mg/dL	40 - 200
VLDL <i>Calculated</i>		23.30	mg/dL	10 - 40
Chol/HDL <i>Calculated</i>	H	4.35		0 - 4.1
LDL Cholesterol <i>Calculated</i>	H	114.61	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 assesment from HDL and Triglyceride has been revised. Also LDL goals have changed.
- Detail test interpretation available from the lab
- All tests are done according to NCEP guidelines and with FDA approved kits.
- LDL Cholesterol level is primary goal for treatment and varies with risk category and assesment

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

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 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 25-Mar-2023 08:29 Sample Type : Serum Mobile No :
 Sample Date and Time : 25-Mar-2023 08:29 Sample Coll. By : Ref Id1 : OO323907
 Report Date and Time : 25-Mar-2023 09:38 Acc. Remarks : Normal Ref Id2 : O222310070

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>	55.06	U/L	16 - 63	
S.G.O.T. <i>UV with P5P</i>	27.90	U/L	15 - 37	
Alkaline Phosphatase <i>Enzymatic, PNPP-AMP</i>	109.32	U/L	46 - 116	
Gamma Glutamyl Transferase <i>Enzymatic</i>	28.83	U/L	0.00 - 64.00	
Proteins (Total) <i>Colorimetric, Biuret</i>	6.65	gm/dL	6.4 - 8.2	
Albumin <i>Bromocresol purple</i>	4.62	gm/dL	3.4 - 5	
Globulin <i>Calculated</i>	2.03	gm/dL	2 - 4.1	
A/G Ratio <i>Calculated</i>	H 2.3		1.0 - 2.1	
Bilirubin Total	0.77	mg/dL	0.2 - 1.0	
Bilirubin Conjugated <i>Diazotized Sulfanilic Acid Method</i>	H 0.26	mg/dL	0 - 0.20	
Bilirubin Unconjugated <i>Calculated</i>	0.51	mg/dL	0 - 0.8	

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

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 M.D. (Path. & Bact.)

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 M.D. (Pathologist)

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LABORATORY REPORT



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 Ref.By : AASHKA HOSPITAL Dis. At : Pt. ID : 2637368
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 25-Mar-2023 08:29 Sample Type : Serum Mobile No :
 Sample Date and Time : 25-Mar-2023 08:29 Sample Coll. By : Ref Id1 : OO323907
 Report Date and Time : 25-Mar-2023 09:38 Acc. Remarks : Normal Ref Id2 : O222310070

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BUN (Blood Urea Nitrogen) <i>GLDH</i>	10.9	mg/dL	6.00 - 20.00	
Creatinine	1.08	mg/dL	0.50 - 1.50	
Uric Acid <i>Uricase</i>	H 7.57	mg/dL	3.5 - 7.2	

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

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Name : ROHIT KUMAR	Sex/Age : Male / 36 Years	Case ID : 30302200621
Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 2637368
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 25-Mar-2023 08:29	Sample Type : Serum	Mobile No :
Sample Date and Time : 25-Mar-2023 08:29	Sample Coll. By :	Ref Id1 : 00323907
Report Date and Time : 25-Mar-2023 10:23	Acc. Remarks : Normal	Ref Id2 : 0222310070

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Thyroid Function Test				
Triiodothyronine (T3)	93.36	ng/dL	70 - 204	
Thyroxine (T4) <small>CMIA</small>	7.0	ng/dL	4.6 - 10.5	
TSH <small>CMIA</small>	2.194	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)

Shah

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LABORATORY REPORT



Name : ROHIT KUMAR	Sex/Age : Male / 36 Years	Case ID : 30302200621
Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 2637368
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 25-Mar-2023 08:29	Sample Type : Serum	Mobile No :
Sample Date and Time : 25-Mar-2023 08:29	Sample Coll. By :	Ref Id1 : 00323907
Report Date and Time : 25-Mar-2023 10:23	Acc. Remarks : Normal	Ref Id2 : 0222310070

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)

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