



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. PARMAR HASMUKHBHAI CHHAGANLAL |
| EC NO. | 52399 |
| DESIGNATION | RETAIL LIABILITY BACK OFFICE |
| PLACE OF WORK | GANDHINAGAR,GIFT CITY,NATIONAL |
| BIRTHDATE | 23-06-1963 |
| PROPOSED DATE OF HEALTH CHECKUP | 25-02-2023 |
| BOOKING REFERENCE NO. | 22M52399100041302E |

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 **09-02-2023** 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))

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: | Date: | Time: |
| Patient Name: H. G. M. D. B. V. C. P. V. | Age / Sex: 50 / M | Height: |
| | | Weight: |
| History: c/o - Routine check-up. | | |
| Allergy History: | | |
| Nutritional Screening: Well-Nourished / Malnourished / Obese | | |
| Examination: V.M. 6/24 6/24 | | |
| Diagnosis: | | |

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CIN: L85110GJ2012PLC072647

 **aashka**
HOSPITAL



Name:- Jhushmukh bhosi Parmar

Age:- 551M

den Sensitivity in upper right teeth
region since 1 month.

ob:- stain +++

calculus ++

- Cervical abrasion int $\frac{654}{65} \mid 456$

Adul:- RCT int $\frac{4}{1} \rightarrow 3000/-$

- Scaling ~~int~~ $\rightarrow 2000/-$

case Polishing $\frac{654}{65} \mid 456 \rightarrow 800 \times 5.$

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CIN: L85110GJ2012PLC072647



PATIENT NAME: HASMUKHBHAI CHHAGANLAL PARMAR

GENDER/AGE: Male / 59 Years

DATE: 25/02/23

DOCTOR:

OPDNO: 00223215

X-RAY CHEST PA

Both lung fields appear clear

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.

Impression: Normal Chest X ray examination

RADIOLOGIST

DR. MEHUL PATELIYA

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CIN: L85110GJ2012PLC072647



PATIENT NAME: HASMUKHBHAI CHHAGANLAL PARMAR

GENDER/AGE: Male / 59 Years

DATE: 25/02/23

DOCTOR:

OPDNO: O0223215

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 4.6 cms in size.

Left kidney measures about 10.6 x 4.8 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.

PROSTATE: Prostate appears mild enlarged in size and shows normal parenchymal echoes. No evidence of pathological calcification or solid or cystic mass lesion is seen.

Prostate measures 34x48x42 mm in size. **Prostate volume measures about 31 cc.**

COMMENT:

- Mild Prostatomegaly.
- Normal sonographic appearance of liver, GB, Pancreas, spleen, kidneys, para-aortic region, bladder.

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**PATIENT NAME: HASMUKHBHAI CHHAGANLAL PARMAR****GENDER/AGE: Male / 59 Years****DATE: 25/02/23****DOCTOR:****OPDNO: 00223215****2D-ECHO**

MITRAL VALVE : MINIMALLY THICK
AORTIC VALVE : MINIMALLY THICK
TRICUSPID VALVE : NORMAL
PULMONARY VALVE : NORMAL
AORTA : 38mm
LEFT ATRIUM : 37mm
LV Dd / Ds : 38/25 EF-60%
IVS / LVPW / D : 13/11m/s
IVS : INTACT
IAS : INTACT
RA : NORMAL
RV : NORMAL
PA : NORMAL
PERICARDIUM : NORMAL
VEL : PEAK MEAN
M/S : Gradient mm Hg Gradient mm Hg
MITRAL : 0.7/0.9
AORTIC : 1.2
PULMONARY : 0.9
COLOUR DOPPLER : MILD MR /TR
RVSP : 26mmHg
**CONCLUSION : BODERLINE LVH; NORMAL LV FUNCTION
REDUCED LV COMPLIANCE, MILD MR/TR
NO PAH**

ADVICE - TMT
CARDIOLOGIST**DR. HASIT JOSHI (9825012235)**



LABORATORY REPORT



| | | |
|---|----------------------------------|------------------------------|
| Name : HASMUKHABHAI CHHAGANLAL PARMAR | Sex/Age : Male / 60 Years | Case ID : 30202200591 |
| Ref.By : HOPSITAL | Dis. At : | Pt. ID : 2580211 |
| Bill. Loc. : Aashka hospital | | Pt. Loc : |
| Reg Date and Time : 25-Feb-2023 08:47 | Sample Type : | Mobile No : |
| Sample Date and Time : 25-Feb-2023 08:47 | Sample Coll. By : | Ref Id1 : O0223215 |
| Report Date and Time : | Acc. Remarks : Normal | Ref Id2 : O22239303 |

Abnormal Result(s) Summary

| Test Name | Result Value | Unit | Reference Range |
|------------------------|---------------|-----------|-----------------------|
| Haemogram (CBC) | | | |
| MCV (RBC histogram) | 82.3 | fL | 83.00 - 101.00 |
| RDW (RBC histogram) | 16.40 | % | 11.00 - 16.00 |
| Neutrophil | 73.0 | % | 40.00 - 70.00 |
| Platelet Count | 472000 | / μ L | 150000.00 - 410000.00 |
| Lipid Profile | | | |
| HDL Cholesterol | 36.4 | mg/dL | 48 - 77 |
| Chol/HDL | 5.36 | | 0 - 4.1 |
| LDL Cholesterol | 133.69 | mg/dL | 65 - 100 |
| Uric Acid | 7.41 | mg/dL | 3.5 - 7.2 |

Abnormal Result(s) Summary End

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



LABORATORY REPORT



Name : **HASMUKHABHAI CHHAGANLAL PARMAR** Sex/Age : **Male / 60 Years** Case ID : **30202200591**
 Ref.By : **HOPSITAL** Dis. At : Pt. ID : **2580211**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 25-Feb-2023 08:47 Sample Type : Whole Blood EDTA Mobile No :
 Sample Date and Time : 25-Feb-2023 08:47 Sample Coll. By : Ref Id1 : O0223215
 Report Date and Time : 25-Feb-2023 09:03 Acc. Remarks : Normal Ref Id2 : O22239303

| TEST | RESULTS | UNIT | BIOLOGICAL REF. INTERVAL | REMARKS |
|------|---------|------|--------------------------|---------|
|------|---------|------|--------------------------|---------|

HAEMOGRAM REPORT

HB AND INDICES

| | | | |
|----------------------------|----------------|---------------|----------------|
| Haemoglobin (Colorimetric) | 13.6 | G% | 13.00 - 17.00 |
| RBC (Electrical Impedance) | 5.01 | millions/cumm | 4.50 - 5.50 |
| PCV(Calc) | 41.23 | % | 40.00 - 50.00 |
| MCV (RBC histogram) | L 82.3 | fL | 83.00 - 101.00 |
| MCH (Calc) | 27.1 | pg | 27.00 - 32.00 |
| MCHC (Calc) | 33.0 | gm/dL | 31.50 - 34.50 |
| RDW (RBC histogram) | H 16.40 | % | 11.00 - 16.00 |

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

| Total WBC Count | 7430 | /μL | 4000.00 - 10000.00 |
|-----------------|---------------|-----------------|----------------------------|
| | [%] | EXPECTED VALUES | [Abs] |
| Neutrophil | H 73.0 | % 40.00 - 70.00 | 5424 /μL 2000.00 - 7000.00 |
| Lymphocyte | 21.0 | % 20.00 - 40.00 | 1560 /μL 1000.00 - 3000.00 |
| Eosinophil | 3.0 | % 1.00 - 6.00 | 223 /μL 20.00 - 500.00 |
| Monocytes | 3.0 | % 2.00 - 10.00 | 223 /μL 200.00 - 1000.00 |
| Basophil | 0.0 | % 0.00 - 2.00 | 0 /μL 0.00 - 100.00 |

PLATELET COUNT (Optical)

| | | | |
|--------------------------------------|-----------------|-----|-----------------------|
| Platelet Count | H 472000 | /μL | 150000.00 - 410000.00 |
| Neutrophil to Lymphocyte Ratio (NLR) | 3.48 | | 0.78 - 3.53 |

SMEAR STUDY

| | |
|----------------|--------------------------------------|
| RBC Morphology | Normocytic Normochromic RBCs. |
| WBC Morphology | Neutrophilia. |
| Platelet | Thrombocytosis |
| 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 : HASMUKHABHAI CHHAGANLAL PARMAR | Sex/Age : Male / 60 Years | Case ID : 30202200591 |
| Ref.By : HOPSITAL | Dis. At : | Pt. ID : 2580211 |
| Bill. Loc. : Aashka hospital | | Pt. Loc : |
| Reg Date and Time : 25-Feb-2023 08:47 | Sample Type : Whole Blood EDTA | Mobile No : |
| Sample Date and Time : 25-Feb-2023 08:47 | Sample Coll. By : | Ref Id1 : O0223215 |
| Report Date and Time : 25-Feb-2023 09:03 | Acc. Remarks : Normal | Ref Id2 : O22239303 |

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

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M.D. (Pathologist)

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

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LABORATORY REPORT



| | | |
|---|---------------------------------------|------------------------------|
| Name : HASMUKHABHAI CHHAGANLAL PARMAR | Sex/Age : Male / 60 Years | Case ID : 30202200591 |
| Ref.By : HOPSITAL | Dis. At : | Pt. ID : 2580211 |
| Bill. Loc. : Aashka hospital | | Pt. Loc : |
| Reg Date and Time : 25-Feb-2023 08:47 | Sample Type : Whole Blood EDTA | Mobile No : |
| Sample Date and Time : 25-Feb-2023 08:47 | Sample Coll. By : | Ref Id1 : O0223215 |
| Report Date and Time : 25-Feb-2023 11:15 | Acc. Remarks : Normal | Ref Id2 : O22239303 |

| TEST | RESULTS | UNIT | BIOLOGICAL REF RANGE | REMARKS |
|------|---------|---------------------|----------------------|---------|
| ESR | 04 | mm after 1hr 3 - 20 | | |

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

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M.D. (Path. & Bact.)

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LABORATORY REPORT



Name : **HASMUKHABHAI CHHAGANLAL PARMAR** Sex/Age : **Male / 60 Years** Case ID : **30202200591**
Ref.By : **HOPSITAL** Dis. At : Pt. ID : **2580211**
Bill. Loc. : **Aashka hospital** Pt. Loc :

| | | |
|--|--------------------------------|---------------------|
| Reg Date and Time : 25-Feb-2023 08:47 | Sample Type : Whole Blood EDTA | Mobile No : |
| Sample Date and Time : 25-Feb-2023 08:47 | Sample Coll. By : | Ref Id1 : O0223215 |
| Report Date and Time : 25-Feb-2023 09:02 | Acc. Remarks : Normal | Ref Id2 : O22239303 |

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

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)

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LABORATORY REPORT



Name : **HASMUKHABHAI CHHAGANLAL PARMAR** Sex/Age : **Male / 60 Years** Case ID : **30202200591**
 Ref.By : **HOPSITAL** Dis. At : Pt. ID : **2580211**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

| | | |
|--|--------------------------|---------------------|
| Reg Date and Time : 25-Feb-2023 08:47 | Sample Type : Spot Urine | Mobile No : |
| Sample Date and Time : 25-Feb-2023 08:47 | Sample Coll. By : | Ref Id1 : O0223215 |
| Report Date and Time : 25-Feb-2023 09:11 | Acc. Remarks : Normal | Ref Id2 : O22239303 |

| 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 | 1.020 | | 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)

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 M.D. (Pathologist)

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LABORATORY REPORT



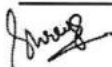
Name : **HASMUKHABHAI CHHAGANLAL PARMAR** Sex/Age : **Male / 60 Years** Case ID : **30202200591**
 Ref.By : **HOPSITAL** Dis. At : Pt. ID : **2580211**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 25-Feb-2023 08:47 Sample Type : Spot Urine Mobile No :
 Sample Date and Time : 25-Feb-2023 08:47 Sample Coll. By : Ref Id1 : O0223215
 Report Date and Time : 25-Feb-2023 09:11 Acc. Remarks : Normal Ref Id2 : O22239303

| 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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 M.D. (Pathologist)

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Neuberg Supratech Reference Laboratories Private Limited

“KEDAR” Opposite Krupa Petrol Pump, Near Parimal Garden, Ahmedabad - 380006

Phone : 079-40408181 / 61618181 | Email : contact@supratechlabs.com | Website : www.neubergsupratech.com



LABORATORY REPORT



Name : **HASMUKHABHAI CHHAGANLAL PARMAR** Sex/Age : **Male / 60 Years** Case ID : **30202200591**
 Ref.By : **HOPSITAL** Dis. At : Pt. ID : **2580211**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

| | | |
|--|---|---------------------|
| Reg Date and Time : 25-Feb-2023 08:47 | Sample Type : Plasma Fluoride F, Plasma Fluoride PP | Mobile No : |
| Sample Date and Time : 25-Feb-2023 08:47 | Sample Coll. By : | Ref Id1 : 00223215 |
| Report Date and Time : 25-Feb-2023 15:17 | Acc. Remarks : Normal | Ref Id2 : 022239303 |
| TEST | RESULTS UNIT BIOLOGICAL REF RANGE | REMARKS |

BIOCHEMICAL INVESTIGATIONS

Biochemical Investigations by Dimension EXL (Siemens)

| | | | |
|---------------------|-------|-------|--------------|
| Plasma Glucose - F | 98.56 | mg/dL | 70.0 - 100 |
| Plasma Glucose - PP | 103 | mg/dL | 70.0 - 140.0 |

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

<100 mg/dL : Normal level

100-<126 mg/dL: Impaired fasting glucoseer guidelines

>=126 mg/dL: Probability of Diabetes, Confirm as per guidelines

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

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LABORATORY REPORT



Name : **HASMUKHABHAI CHHAGANLAL PARMAR** Sex/Age : **Male / 60 Years** Case ID : **30202200591**
 Ref.By : **HOPSITAL** Dis. At : Pt. ID : **2580211**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 25-Feb-2023 08:47 Sample Type : Serum Mobile No :
 Sample Date and Time : 25-Feb-2023 08:47 Sample Coll. By : Ref Id1 : O0223215
 Report Date and Time : 25-Feb-2023 12:34 Acc. Remarks : Normal Ref Id2 : O22239303

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

BIOCHEMICAL INVESTIGATIONS

Lipid Profile

| | | | | |
|---|---|---------------|-------|-----------|
| Cholesterol | | 195.15 | mg/dL | 110 - 200 |
| HDL Cholesterol | L | 36.4 | mg/dL | 48 - 77 |
| Triglyceride | | 125.31 | mg/dL | 40 - 200 |
| VLDL <i>Calculated</i> | | 25.06 | mg/dL | 10 - 40 |
| Chol/HDL <i>Calculated</i> | H | 5.36 | | 0 - 4.1 |
| LDL Cholesterol <i>Calculated</i> | H | 133.69 | 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)

Shah

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 Ref.By : HOPSITAL Dis. At : Pt. ID : 2580211
 Bill. Loc. : Aashka hospital Pt. Loc. :

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 Sample Date and Time : 25-Feb-2023 08:47 Sample Coll. By : Ref Id1 : O0223215
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| TEST | RESULTS | UNIT | BIOLOGICAL REF RANGE | REMARKS |
|-----------------------------------|---------|------|----------------------|---------|
| BIOCHEMICAL INVESTIGATIONS | | | | |
| Liver Function Test | | | | |

| | | | | |
|---|-------|-------|-----------|--|
| S.G.P.T. | 17.75 | U/L | 0 - 41 | |
| S.G.O.T. | 17.86 | U/L | 15 - 37 | |
| Alkaline Phosphatase | 52.88 | U/L | 40 - 130 | |
| Gamma Glutamyl Transferase | 27.73 | U/L | 8 - 61 | |
| Proteins (Total) | 7.02 | gm/dL | 6.4 - 8.2 | |
| Albumin | 4.69 | gm/dL | 3.4 - 5 | |
| Globulin <i>Calculated</i> | 2.33 | gm/dL | 2 - 4.1 | |
| A/G Ratio <i>Calculated</i> | 2.0 | | 1.0 - 2.1 | |
| Bilirubin Total | 0.46 | mg/dL | 0.2 - 1.0 | |
| Bilirubin Conjugated | 0.10 | mg/dL | | |
| Bilirubin Unconjugated <i>Calculated</i> | 0.36 | mg/dL | 0 - 0.8 | |

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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Neuberg Supratech Reference Laboratories Private Limited

"KEDAR" Opposite Krupa Petrol Pump, Near Parimal Garden, Ahmedabad - 380006

Phone : 079-40408181 / 61618181 | Email : contact@supratechlabs.com | Website : www.neubergsupratech.com



LABORATORY REPORT



Name : **HAS Mukhabhai Chhaganlal Parmar** Sex/Age : **Male / 60 Years** Case ID : **30202200591**
Ref.By : **HOSPITAL** Dis. At : Pt. ID : **2580211**
Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 25-Feb-2023 08:47 Sample Type : Serum Mobile No :
Sample Date and Time : 25-Feb-2023 08:47 Sample Coll. By : Ref Id1 : 00223215
Report Date and Time : 25-Feb-2023 12:34 Acc. Remarks : Normal Ref Id2 : 022239303

| TEST | RESULTS | UNIT | BIOLOGICAL REF RANGE | REMARKS |
|---|---------------|-------|----------------------|---------|
| BUN (Blood Urea Nitrogen) <small>GLDH</small> | 8.0 | mg/dL | 6.00 - 20.00 | |
| Creatinine | 0.83 | mg/dL | 0.50 - 1.50 | |
| Uric Acid | H 7.41 | mg/dL | 3.5 - 7.2 | |

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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LABORATORY REPORT



Name : HASMUKHABHAI CHHAGANLAL PARMAR Sex/Age : Male / 60 Years Case ID : 30202200591
 Ref.By : HOPSITAL Dis. At : Pt. ID : 2580211
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 25-Feb-2023 08:47 Sample Type : Whole Blood EDTA Mobile No :
 Sample Date and Time : 25-Feb-2023 08:47 Sample Coll. By : Ref Id1 : O0223215
 Report Date and Time : 25-Feb-2023 09:56 Acc. Remarks : Normal Ref Id2 : O22239303

| TEST | RESULTS | UNIT | BIOLOGICAL REF RANGE | REMARKS |
|--|---------|------|----------------------|---------|
| Glycated Haemoglobin Estimation | | | | |

| | | | | |
|---|--------|-------|---|--|
| HbA1C | 5.31 | | % of total Hb <5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes | |
| Estimated Avg Glucose (3 Mths) <i>Calculated</i> | 105.70 | 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)

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LABORATORY REPORT



Name : **HASMUKHABHAI CHHAGANLAL PARMAR** Sex/Age : **Male / 60 Years** Case ID : **30202200591**
 Ref.By : **HOPSITAL** Dis. At : Pt. ID : **2580211**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

| | | |
|--|-----------------------|---------------------|
| Reg Date and Time : 25-Feb-2023 08:47 | Sample Type : Serum | Mobile No : |
| Sample Date and Time : 25-Feb-2023 08:47 | Sample Coll. By : | Ref Id1 : O0223215 |
| Report Date and Time : 25-Feb-2023 10:40 | Acc. Remarks : Normal | Ref Id2 : O22239303 |

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

Thyroid Function Test

| | | | | |
|---------------------------------------|--------|--------|------------|--|
| Triiodothyronine (T3) | 129.70 | ng/dL | 40 - 181 | |
| Thyroxine (T4) <small>CMIA</small> | 10.2 | ng/dL | 4.6 - 10.5 | |
| TSH <small>CMIA</small> | 2.026 | µIU/mL | 0.5 - 8.9 | |

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), PPTH 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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LABORATORY REPORT



| | | |
|--|---------------------------|-----------------------|
| Name : HASMUKHABHAI CHHAGANLAL PARMAR | Sex/Age : Male / 60 Years | Case ID : 30202200591 |
| Ref.By : HOPSITAL | Dis. At : | Pt. ID : 2580211 |
| Bill. Loc. : Aashka hospital | | Pt. Loc : |
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| Report Date and Time : 25-Feb-2023 10:40 | Acc. Remarks : Normal | Ref Id2 : O22239303 |

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 to 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

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25.02.2023 10:28:52 AM
ASHKA HOSPITAL LTD.
SARGASAN
GANDHINAGAR

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

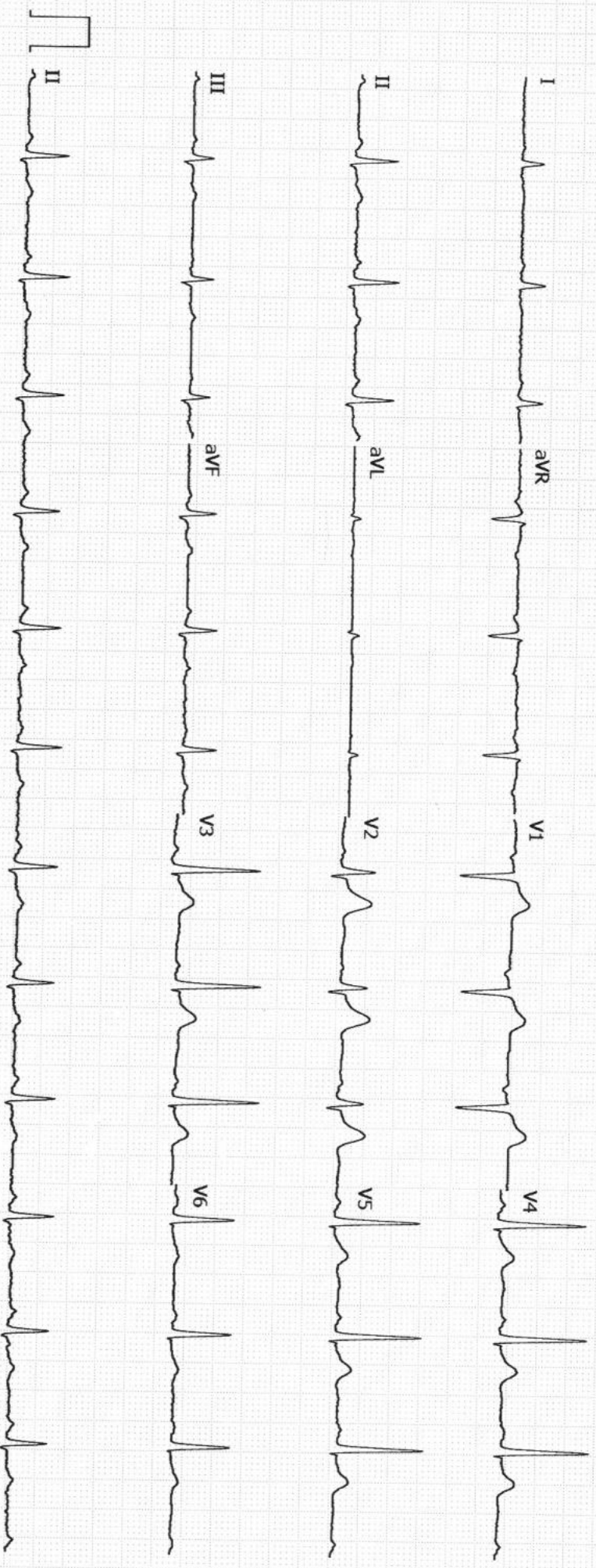
Room:

76 bpm
--/-- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 72 ms
QT / QTcBaz : 344 / 387 ms
PR : 138 ms
P : 102 ms
RR / PP : 788 / 789 ms
P / QRS / T : 57 / 58 / 66 degrees

Normal sinus rhythm
Normal ECG



GE 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