

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: L85110GJ2012PLC073647

 **aashka** HOSPITAL



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

UHID:	00923099	Date:		Time:	
Patient Name:	Nidhi Tiwari	Age / Sex:	25/F	Height:	
		Weight:			
History:	CP - Round cheak - UP. examined BES. Bv				
Allergy History:					
Nutritional Screening:	Well-Nourished / Malnourished / Obese				
Examination:	VIML 619 CAL 619				
Diagnosis:					



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CIN: E85110G/2012PLC072647

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



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

UHID:	00923079	Date:	9/9/23	Time:	
Patient Name:	Nishi Tipani	Age / Sex:	29   F.	Height:	
		Weight:			
Chief Complaint:	Routine dental check up				
History:					
Allergy History:					
Nutritional Screening:	Well-Nourished / Mainourished / Obese				
Examination:					
Extra oral:					
Intra oral - Teeth Present:	Stain + Caries +				
Teeth Absent:					
Diagnosis:					





Cytological examination- Pap smear request form

Name: Nidhi Tiwari Age: 33 yrs wt: 56.4

Complaints: No go.

No of deliveries: 1 FTD/OD/abun
Last Delivery: 2 yrs back

History of abortion: HTP P.II

Table with 3 columns: DM, HTN, Thyroid

Last abortions: at 12 wks, 9 yrs 15 wks

MH: Recent Reg:
LMP: 7/19/23

P/A: soft
P/S: CX PESSION test
P/N: send by PIV

Sample: Vagina Cervix

Doctors Sign: Prapti Parolia



Hospitals Ltd.

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CIN: LB5110GJ2012PLC072647

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



DR. DIPESH FATANIYA  
M.D., IDCCM.  
CRITICAL CARE MEDICINE  
M.NO.-99099906809  
R.NO.G-41495

UHID: 00923099	Date: 9/9/23	Time:
Patient Name: NIDHI TIWARI	Height:	
Age/Sex: 24/F	LMP: 6/9/23	Weight:
History:	History:	
C/O: Hemech 4/	—	
Allergy History:	Addiction:	
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Vitals & Examination:	VCHOKE 210	
Temperature:	✓ LOL 130.8	
Pulse: 75	—	
BP: 150/90		
SPO2: 99%		
Provisional Diagnosis:		









प्रति,

समन्वयक,

Mediwheel (Arcofemi Healthcare Limited)

हेल्पलाइन नंबर: 011-41195959

महोदय/ महोदया,

विषय: बैंक ऑफ़ बड़ीदा 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	NIDHI TIWARI
जन्म की तारीख	07-07-1994
कर्मचारी की पत्नी/पति के स्वास्थ्य जांच की प्रस्तावित तारीख	09-09-2023
बुकिंग संदर्भ सं.	23S125828100068532S
पत्नी/पति के विवरण	
कर्मचारी का नाम	MR. NAYAK BRISHKETU
कर्मचारी की क. क्र. संख्या	125828
कर्मचारी का पद	CREDIT
कर्मचारी के कार्य का स्थान	MOTIZER
कर्मचारी के जन्म की तारीख	28-07-1990

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ीदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक 05-09-2023 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 सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट 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 बड़ीदा

(नोट: यह कंप्यूटर द्वारा जनरेंट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए Mediwheel (Arcofemi Healthcare Limited) से संपर्क करें।)





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	NIDHI TIWARI
DATE OF BIRTH	07-07-1994
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	09-09-2023
BOOKING REFERENCE NO.	23S125828100068532S
<b>SPOUSE DETAILS</b>	
EMPLOYEE NAME	MR. NAYAK BRISHKETU
EMPLOYEE EC NO.	125828
EMPLOYEE DESIGNATION	CREDIT
EMPLOYEE PLACE OF WORK	MOTIZER
EMPLOYEE BIRTHDATE	28-07-1990

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 **05-09-2023** 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))





**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







બંક ઓફ બારોડા  
Bank of Baroda

વ્યાજ  
મુદત  
સંખ્યા

વ્યાજ નામ

BRISHKETU NAYAK

૨૦૨૦/૨૦૨૧  
૨૦૨૦/૨૦૨૧

125828

*Signature*

સહકારી  
વહીવટી  
વહીવટી



*Signature*

સહકારી  
વહીવટી  
વહીવટી



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www.aashkahospitals.in  
CIN: L85110GJ2012PLCC072647



PATIENT NAME: NIDHI TIWARI

GENDER/AGE: Female / 29 Years

DOCTOR:

OPDNO: 00923079

DATE: 09/09/23

### X-RAY CHEST PA

Both lung fields show increased broncho-vascular markings.  
**No evidence of collapse, consolidation, mediastinal lymph adenopathy, soft tissue infiltration or pleural effusion is seen.**  
Both hilar shadows and C.P. angles are normal.  
Heart shadow appears normal in size. Aorta appears normal.  
Bony thorax and both domes of diaphragm appear normal.  
No evidence of cervical rib is seen on either side.

  
DR. SNEHAL PRAJAPATI  
CONSULTANT RADIOLOGIST



PATIENT NAME: NIDHI TIWARI

GENDER/AGE: Female / 29 Years

DOCTOR:

OPDNO: 00923079

DATE: 09/09/23

### 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. Prevoid bladder volume measures about 190 cc.

**UTERUS:** Uterus is retroverted 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 PRASAD  
CONSULTANT RADIOLOGIST





PATIENT NAME: NIDHI TIWARI

GENDER/AGE: Female / 29 Years

DOCTOR: DR. HASIT JOSHI

OPDNO: O0923079

DATE: 09/09/23

2D-ECHO

MITRAL VALVE	: MILD MVP
AORTIC VALVE	: NORMAL
TRICUSPID VALVE	: NORMAL
PULMONARY VALVE	: NORMAL
AORTA	: 28mm
LEFT ATRIUM	: 29mm
LV Dd / Ds	: 40/27mm
IVS / LVPW / D	: 10/9mm
IVS	: INTACT
IAS	: FLOPPY
RA	: NORMAL
RV	: NORMAL
PA	: NORMAL
PERICARDIUM	: NORMAL
VEL	: PEAK MEAN
M/S	: Gradient mm Hg Gradient mm Hg
MITRAL	: 0.9/0.6m/s
AORTIC	: 1.1m/s
PULMONARY	: 1.0m/s
COLOUR DOPPLER	: TRIVIAL MR/ MILD TR
RVSP	: 32mmHg
CONCLUSION	: MILD MVP / TRIVIAL MR; NORMAL LV SIZE / SYSTOLIC FUNCTION; MILD TR; IAS FLOPPY.

CARDIOLOGIST

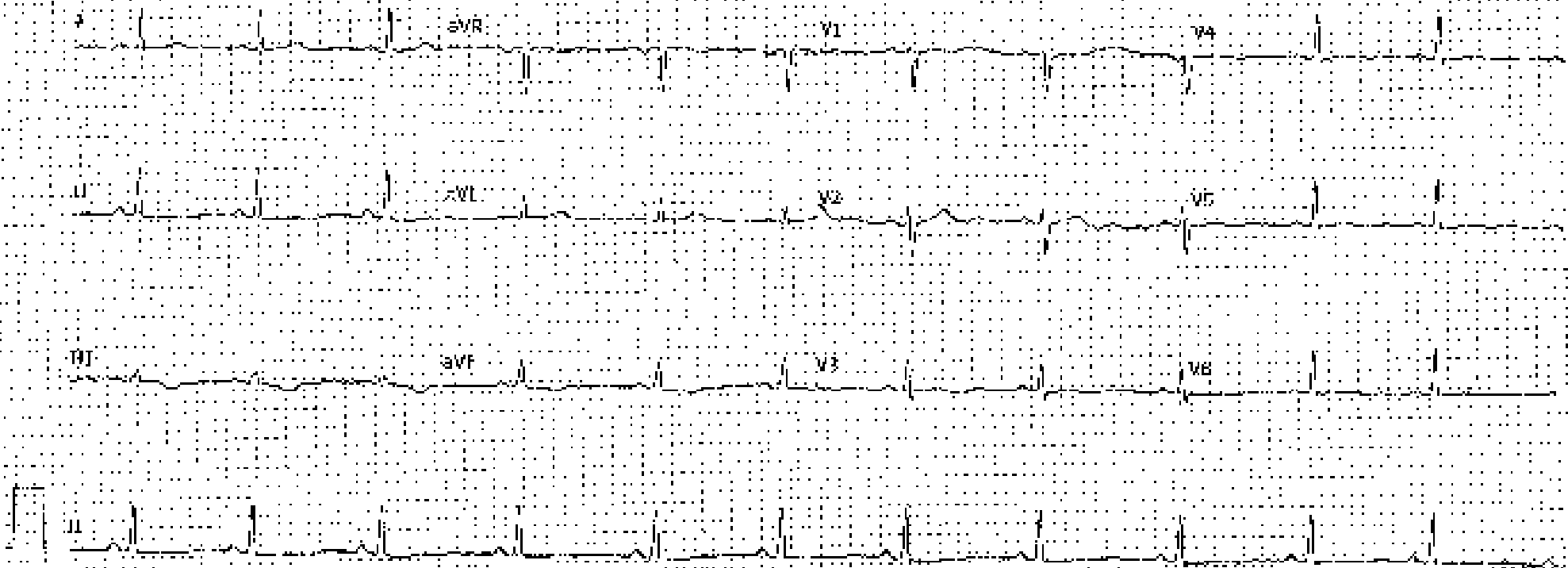
DR. HASIT JOSHI (9825012235)



Technician:  
Culy Number:  
Technician 1:  
Technician 2:

QRS : 70 ms  
QT / QTc : 370 / 395 ms  
PR : 138 ms  
P : 91 ms  
RR / RR : 870 / 869 ms  
V / QRS / T : 18 / 95 / -34 degrees

Normal sinus rhythm  
Nonspecific T waves abnormality  
Abnormal ECG







## LABORATORY REPORT

Name : Mrs. NIDHI TIWARI

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 28 Years

Dis. At :

Case ID : 30902200334

Pl. ID : 1170401

Pl. Loc :

Reg Date and Time : 09-Sep-2023 09:14

Sample Type :

Sample Date and Time : 09-Sep-2023 09:14

Sample Coll. By :

Mobile No : 9823342910

Report Date and Time :

Ref Id1 :

Acc. Remarks : Normal

Ref Id2 :

### Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
<b>Blood Glucose Fasting &amp; Postprandial</b>			
Plasma Glucose - F	108.17	mg/dL	70 - 100
Glyco Hemoglobin	5.73	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes
<b>Lipid Profile</b>			
Cholesterol	210.64	mg/dL	110 - 200
HDL Cholesterol	42.0	mg/dL	48 - 77
Triglyceride	188.98	mg/dL	<150
Chol/HDL	5.02		0 - 4.1
LDL Cholesterol	130.84	mg/dL	65 - 100

Abnormal Result(s) Summary End

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







## LABORATORY REPORT

Name : Mrs. NIDHI TIWARI

Ref.By : HOSPITAL

Bil. Loc. : Aashka hospital

Sex/Age : Female/ 26 Years

Dis. At :

Case ID : 30902200334

Pl. ID : 1170401

Pl. Loc :

Reg Date and Time : 09-Sep-2023 09:14

Sample Type : Whole Blood EDTA

Mobile No : 9823342910

Sample Date and Time : 09-Sep-2023 09:14

Sample Coll. By :

Ref Id1 :

Report Date and Time : 09-Sep-2023 10:02

Acc. Remarks : Normal

Ref Id2 :

TEST

RESULTS

UNIT

BIOLOGICAL REF. INTERVAL

REMARKS

### HAEMOGRAM REPORT

#### HB AND INDICES

Haemoglobin	12.6	G%	12.0 - 16.0
RBC (Electrical Impedance)	4.25	millions/cumm	3.80 - 4.80
PCV(Calc)	37.65	%	36.00 - 46.00
MCV (RBC histogram)	88.6	fL	83.00 - 101.00
MCH (Calc)	29.5	pg	27.00 - 32.00
MCHC (Calc)	33.3	gm/dL	31.50 - 34.50
RDW (RBC histogram)	13.50	%	11.00 - 16.00

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

Total WBC Count	4640	/µL	4000.00 - 10000.00
Neutrophil	55.1	%	40.00 - 70.00
Lymphocyte	38.0	%	20.00 - 40.00
Eosinophil	1.0	%	1.00 - 6.00
Monocytes	5.0	%	2.00 - 10.00
Basophil	1.0	%	0.00 - 2.00

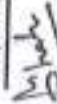
#### PLATELET COUNT (Optical)

Platelet Count	154000	/µL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	1.45		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. Manoj Shah  
M.D. (Path. & Bact.)

Dr. Shreya Shah  
M.D. (Pathology)

Printed On : 09-Sep-2023 14:29







## LABORATORY REPORT



Name : Mrs. NIDHI TIWARI

Ref.By : HOSPITAL

Bill. Loc. : Aashika hospital

Sex/Age : Female/ 28 Years

Dis. At :

Case ID : 30902200334

Pl. ID : 1170401

Pl. Loc :

Reg Date and Time : 09-Sep-2023 09:14

Sample Type : Whole Blood EDTA

Mobile No : 9623342910

Sample Date and Time : 09-Sep-2023 09:14

Sample Coll. By :

Ref Id1 :

Report Date and Time : 09-Sep-2023 12:08

Acc. Remarks : Normal

Ref Id2 :

TEST

RESULTS

UNIT

BIOLOGICAL REF RANGE

REMARKS

ESR

Westergren Method

10

mm after 1hr 3 - 20

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

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

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

Printed On: 09-Sep-2023 14:29



Page 3 of 13







## LABORATORY REPORT

Name : Mrs. NIDHI TIWARI

Ref.By : HOSPITAL

Bill, Loc. : Aashka hospital

Sex/Age : Female/ 28 Years

Dis. At :

Case ID : 30902200334

PL ID : 1170401

Pt. Loc :

Reg Date and Time : 09-Sep-2023 09:14

Sample Type : Whole Blood EDTA

Mobile No : 9923342910

Sample Date and Time : 09-Sep-2023 09:14

Sample Coll. By :

Ref Id1 :

Report Date and Time : 09-Sep-2023 10:09

Acc. Remarks : Normal

Ref Id2 :

TEST

RESULTS

UNIT

BIOLOGICAL REF RANGE

REMARKS

### HAEMATOTOLOGY INVESTIGATIONS

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

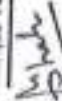
ABO Type

AB

Rh Type

POSITIVE

Note: (LL-VeryLow, L-Low, H-High, HH-VeryHigh , A-Absent/normal)



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

Dr. Shreya Shah  
M.D. (Pathologist)

Printed On : 09-Sep-2023 14:29



Page 4 of 13





## LABORATORY REPORT

Name : Mrs. NIDHI TIWARI

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 28 Years

Dis. At :

Case ID : 30902200334

Pl. ID : 1170401

Pl. Loc :

Reg Date and Time : 09-Sep-2023 09:14 Sample Type : Spot Urine

Sample Date and Time : 09-Sep-2023 09:14 Sample Coll. By :

Mobile No : 9923342910

Report Date and Time : 09-Sep-2023 11:25 Acc. Remarks : Normal

Ref Id1 :

Ref Id2 :

### TEST

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 : 1.015

pH : 5.50

Leucocytes (ESTERASE) : Negative

Protein : Negative

Glucose : Negative

Ketone Bodies Urine : Negative

Urobilinogen : Negative

Bilirubin : Negative

Blood : Negative

Nitrite : Negative

#### Flowcytometric Examination By Sysmex UF-5000

Leucocyte

Nil

Red Blood Cell

Nil

Epithelial Cell

Present +

Bacteria

Nil

Yeast

Nil

Cast

Nil

Crystals

Nil

1.005 - 1.030

5 - 8

Negative

Negative

Negative

Negative

Negative

Negative

Negative

Negative

Negative

Negative

/HPF

Nil

/HPF

Nil

/HPF

Present(+)

/ul

Nil

/ul

Nil

/LPF

Nil

/HPF

Nil

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

*M. Manoj*

Dr. Manoj Shah

M.D. (Path. & Bact.)

Printed On : 08-Sep-2023 14:29

Page 5 of 13









## LABORATORY REPORT

Name : Mrs. NIDHI TIWARI

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 28 Years

Dis. At :

Cass ID : 30902200334

PL ID : 1170401

Pt. Loc :

Reg Date and Time : 09-Sep-2023 09:14

Sample Type : Spot Urine

Mobile No : 9823342910

Sample Date and Time : 09-Sep-2023 09:14

Sample Coll. By :

Ref Id1 :

Report Date and Time : 09-Sep-2023 11:25

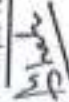
Acc. Remarks : Normal

Ref Id2 :

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
Glucose	mg/dL	Negative (<30)	30	50	100	300
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
Pus cells (Microscopic)	/hpf	<5	-	-	-	-
Red blood cells(Microscopic)	/hpf	<2	-	-	-	-
Cast (Microscopic)	/lpf	<2	-	-	-	-

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



Dr. Manoj Shah

M.D. (Path. & Bact.)

Page 6 of 13

Printed On : 09-Sep-2023 14:29



1. The first part of the paper discusses the general theory of the firm, focusing on the role of capital structure and the trade-off between debt and equity financing.

2. The second part of the paper examines the empirical evidence on the relationship between capital structure and firm performance.

3. The third part of the paper discusses the implications of the theory and empirical findings for corporate financial policy.

4. The fourth part of the paper concludes with some thoughts on the future research agenda in this area.

5. The fifth part of the paper discusses the role of capital structure in the context of the broader financial system.

6. The sixth part of the paper discusses the implications of the theory and empirical findings for corporate financial policy.

7. The seventh part of the paper concludes with some thoughts on the future research agenda in this area.

8. The eighth part of the paper discusses the role of capital structure in the context of the broader financial system.

9. The ninth part of the paper discusses the implications of the theory and empirical findings for corporate financial policy.

10. The tenth part of the paper concludes with some thoughts on the future research agenda in this area.

11. The eleventh part of the paper discusses the role of capital structure in the context of the broader financial system.

12. The twelfth part of the paper discusses the implications of the theory and empirical findings for corporate financial policy.

13. The thirteenth part of the paper concludes with some thoughts on the future research agenda in this area.

14. The fourteenth part of the paper discusses the role of capital structure in the context of the broader financial system.

15. The fifteenth part of the paper discusses the implications of the theory and empirical findings for corporate financial policy.



## LABORATORY REPORT

Name : Mrs. NIDHI TIWARI

Ref.By : HOSPITAL

Bill. Loc. : Aashika hospital

Sex/Age : Female/ 28 Years

Dis. At :

Case ID : 30902200334

PL ID : 1170401

PL Loc :

Reg Date and Time : 09-Sep-2023 09:14

Sample Type : Plasma Fluoride F, Plasma Fluoride PP

Mobile No : 9923342910

Sample Date and Time : 09-Sep-2023 09:14

Sample Coll. By :

Ref Id1 :

Report Date and Time : 09-Sep-2023 12:49

Acc. Remarks : Normal

Ref Id2 :

BIOLOGICAL REF RANGE

REMARKS

### BIOCHEMICAL INVESTIGATIONS

#### Blood Glucose Level (Fasting & Post Prandial)

Plasma Glucose - F Photometric,Hexokinase	H	108.17	mg/dL	70 - 100
Plasma Glucose - PP Photometric,Hexokinase		134.84	mg/dL	70.0 - 140.0

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

<100 mg/dL : Normal level

100-125 mg/dL: Impaired fasting glucose guidelines

>=125 mg/dL: Probability of Diabetes, Confirm as per guidelines

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

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

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

Printed On : 09-Sep-2023 14:25









## LABORATORY REPORT

Name : Mrs. NIDHI TIWARI

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 28 Years

Dis. At :

Case ID : 30902200334

Pl. ID : 1170401

Pl. Loc :

Reg Date and Time : 09-Sep-2023 09:14

Sample Type : Serum

Mobile No : 9923342910

Sample Date and Time : 09-Sep-2023 09:14

Sample Coll. By :

Ref Id1 :

Report Date and Time : 09-Sep-2023 12:19

Acc. Remarks : Normal

Ref Id2 :

### TEST

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

### BIOCHEMICAL INVESTIGATIONS

#### Lipid Profile

Cholesterol Colorimetric, CHOD-PAP	H	210.64	mg/dL	110 - 200
HDL Cholesterol	L	42.0	mg/dL	48 - 77
Triglyceride Glycerol Phosphate Oxidase	H	188.96	mg/dL	<150
VLDL Calculated		37.80	mg/dL	10 - 40
Chol/HDL Calculated	H	5.02		0 - 4.1
LDL Cholesterol Calculated	H	130.84	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

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

*Dr. Manoj Shah*

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

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

Page 8 of 13

Printed On : 09-Sep-2023 14:29







## LABORATORY REPORT

Name : Mrs. NIDHI TIWARI

Ref.By : HOSPITAL

Bill. Loc. : Aashika hospital

Sex/Age : Female/ 28 Years Case ID : 30902200334

Dis. At :

PL ID : 1170401

PL Loc :

Reg Date and Time : 09-Sep-2023 09:14 Sample Type : Serum

Sample Date and Time : 09-Sep-2023 09:14 Sample Coll. By :

Mobile No : 9623342910

Report Date and Time : 09-Sep-2023 12:49 Acc. Remarks : Normal

Ref Id1 :

Ref Id2 :

### TEST

#### RESULTS

UNIT BIOLOGICAL REF RANGE REMARKS

### BIOCHEMICAL INVESTIGATIONS

#### Liver Function Test

<b>S.G.P.T.</b> UV with PSP	15.46	U/L	14 - 59
<b>S.G.O.T.</b> UV with PSP	16.27	U/L	15 - 37
<b>Alkaline Phosphatase</b> Enzymatic, PVPP-AMP	60.78	U/L	46 - 116
<b>Gamma Glutamyl Transferase</b> L-Gamma-glutamyl-3-Carboxy-4-nitrobenzoyl Substrate	17.75	U/L	0 - 38
<b>Proteins (Total)</b> Colorimetric, Bluret	7.94	gm/dL	6.40 - 8.30
<b>Albumin</b> Bromocresol purple	4.87	gm/dL	3.4 - 5
<b>Globulin</b> Calculated	3.07	gm/dL	2 - 4.1
<b>A/G Ratio</b> Calculated	1.6		1.0 - 2.1
<b>Bilirubin Total</b> Photometry	0.58	mg/dL	0.3 - 1.2
<b>Bilirubin Conjugated</b> Diazo reaction	0.16	mg/dL	0 - 0.50
<b>Bilirubin Unconjugated</b> Calculated	0.42	mg/dL	0 - 0.8

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



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

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

Printed On : 06-Sep-2023 14:29











## LABORATORY REPORT

Name : Mrs. NIDHI TIWARI

Ref.By : HOSPITAL

Bill. Loc. : Aashika hospital

Sex/Age : Female/ 28 Years

Dis. At :

Case ID : 30902200334

Pl. ID : 1170401

Pl. Loc :

Reg Date and Time : 09-Sep-2023 09:14

Sample Type : Serum

Mobile No : 9923342810

Sample Date and Time : 09-Sep-2023 09:14

Sample Coll. By :

Ref Id1 :

Report Date and Time : 09-Sep-2023 12:19

Acc. Remarks : Normal

Ref Id2 :

### TEST

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BUN (Blood Urea Nitrogen) GLOX	8.5	mg/dL	7.00 - 18.70	
Creatinine	0.63	mg/dL	0.50 - 1.50	
Uric Acid Uricase	5.44	mg/dL	2.6 - 6.2	

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

*M. Manoj*

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

Dr. Shreya Shah  
M.D. (Pathologist)

Printed On : 09-Sep-2023 14:29







## LABORATORY REPORT

Name : Mrs. NIDHI TIWARI

Ref.By : HOSPITAL

Bill. Loc. : Ashika hospital

Sex/Age : Female/ 28 Years

Dis. At :

Case ID : 30902200334

Pl. ID : 1170401

Pl. Loc :

Reg Date and Time : 09-Sep-2023 09:14

Sample Type : Whole Blood EDTA

Mobile No : 9923342910

Sample Date and Time : 09-Sep-2023 09:14

Sample Coll. By :

Ref Id1 :

Report Date and Time : 09-Sep-2023 11:44

Acc. Remarks : Normal

Ref Id2 :

### TEST

RESULTS

UNIT

BIOLOGICAL REF RANGE

REMARKS

### Glycated Haemoglobin Estimation

HbA1C

H 5.73

% of total Hb <5.7; Normal

5.7-6.4; Prediabetes

>=6.5; Diabetes

Estimated Avg Glucose (3 Mths)  
Calculated

117.75

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.

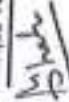
Increased HbA1C values may be found in patients with polycythemia or post splenectomy patients.

Patients with Hemoglobin forms of rare variant Hb(CC,SS,EE,SC) HbA1c can not be quantified as there is no HbA.

In such circumstances glycemic control can be monitored using plasma glucose levels or serum Fructosamine.

The A1c target should be individualized based on numerous factors, such as age, life expectancy, comorbid conditions, duration of diabetes, risk of hypoglycemia or adverse consequences from hypoglycemia, patient motivation and adherence.

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



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

Dr. Shreya Shah  
M.D. (Pathologist)

Printed On : 09-Sep-2023 14:29









## LABORATORY REPORT

Name : Mrs. NIDHI TIWARI

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 28 Years

Dis. At :

Case ID : 30902200334

PL ID : 1170401

Pt. Loc :

Reg Date and Time : 09-Sep-2023 09:14

Sample Type : Serum

Sample Date and Time : 09-Sep-2023 09:14

Sample Coll. By :

Mobile No : 9823342910

Report Date and Time : 09-Sep-2023 10:58

Acc. Remarks : Normal

Ref Id1 :

Ref Id2 :

### TEST

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>Thyroid Function Test</b>				
Triiodothyronine (T3)	91.11	ng/dL	70 - 204	
Thyroxine (T4) CMA	7.74	ng/dL	4.67 - 11.72	
TSH CMA	1.64	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 concentrations (>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 anti-animal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

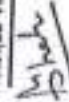
### TSH ref range in pregnancy

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)

Printed On : 09-Sep-2023 14:29









## LABORATORY REPORT

Name : Mrs. NIDHI TIWARI

Ref.By : HOSPITAL

Bill. Loc. : Ashika hospital

Sex/Age : Female/ 26 Years

Case ID : 30902200334

Dis. At :

Pl. ID : 1170401

Pl. Loc :

Reg Date and Time : 09-Sep-2023 09:14

Sample Type : Serum

Sample Date and Time : 09-Sep-2023 09:14

Sample Coll. By :

Mobile No : 9923342910

Report Date and Time : 09-Sep-2023 10:58

Acc. Remarks : Normal

Ref Id1 :

Ref Id2 :

**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, suppressed TSH provides a physiologic indicator of the functional level of thyroid hormone activity. Increased s-TSH indicates inadequate thyroid hormone, and elevated 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 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, hypothyroidism may be caused by overproduction of T3 (T3 toxicosis). To help diagnose and monitor this subgroup, T3 is measured on all specimens with suppressed s-TSH and normal FT4 concentrations.

Normal ranges of TSH & thyroid hormones vary according trimester in pregnancy.

TSH ref range in Pregnancy

First trimester

Second trimester

Third trimester

Reference range (microIU/ml)

0.24 - 2.00

0.43-2.2

0.8-2.5

	T3	T4	TSH
Normal Thyroid function	N	N	N
Primary Hypothyroidism	↑	↑	↓
Secondary Hypothyroidism	↑	↑	↑
Grave's Thyroiditis	↑	↑	↑
T3 Thyrotoxicosis	↓	N	N/↓
Primary Hypothyroidism	↓	↓	↑
Secondary Hypothyroidism	N	N	↓
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: (L-Very Low, L-Low, H-High, HH-High-Very High, A-Abnormal)

*Signature*

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

Dr. Shreya Shah  
M.D. (Pathologist)

Printed On : 09-Sep-2023 14:29



