



To,

The Coordinator,

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	HIMANIL ASHWINIBHAI TRIVEDI
DATE OF BIRTH	07-11-1988
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	02-07-2023
BOOKING REFERENCE NO.	23S110706100063254S
SPOUSE DETAILS	
EMPLOYEE NAME	ACHARYA KUSHAL KUNVANTRAY
EMPLOYEE EC NO.	110706
EMPLOYEE DESIGNATION	SINGLE WINDOW OPERATOR A
EMPLOYEE PLACE OF WORK	CHANDRALA
EMPLOYEE BIRTHDATE	06-06-1989

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 till 31-03-.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,

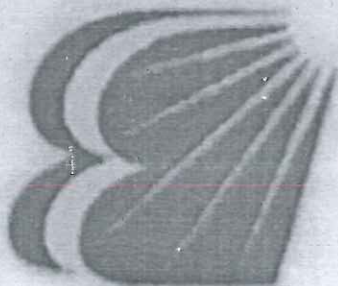
Sd/-

**Chief General Manager
HRM Department
Bank of Baroda**

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact)

SUGGESTIVE LIST OF MEDICAL TESTS

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



बैंक ऑफ बरोडा
Bank of Baroda

नाम
Kushal Gunvantray Acharya

कर्मचारी कोड नं.
Employee Code No.

110706

जारीकर्ता प्राधिकारी
Issuing Authority

[Handwritten signature]

धारक के हस्ताक्षर
Signature of Holder

[Handwritten signature]



**Health Check up Booking Confirmed
Request(bobS41625),Package Code-
PKG10000241, Beneficiary Code-60723**

From: Mediwheel wellness@mediwheel.in

To: Kushal Gunvantray Acharya

KUSHAL.ACHARYA@bankofbaroda.com

Cc: customercare@mediwheel.in

customercare@mediwheel.in

Sent: Tuesday, 4 July, 12:19 pm

You don't often get email from wellness@mediwheel.in.

[Learn why this is important](#)

नते तो मेल में दी गयी लिंक पर क्लिक ना करें या अटैचमेंट
BANK'S DOMAIN. DO NOT CLICK ON LINKS OF

011-41195959

Email: wellness@mediwheel.in

Dear Himani ,

Please find the confirmation for following request.

Booking Date : 04-07-2023

Package Name : Medi-Wheel Metro Full Body Health Checkup Female 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 : 08-07-2023

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.

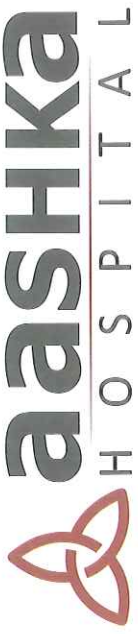
2. It is advisable not to undergo any Health Check during menstrual cycle.

Request you to reach half an hour before the scheduled time.

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

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: 00723058	Date: 8/7/23	Time: 10/58
Patient Name: HIMANSHU A TRIVEDI	Age/Sex: 43/34	Height: 160cm
		Weight: 57.1
History: C/O Rufuchin ur		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination: D.N.M.L G16 N.N.W L G16 C.O.L.L. W.I.S.W. N.D.M.		
Diagnosis:		



DR. HEETA MEHTA
M.S, OBST- GYNEC
CONSULTANT OBSTETRICIAN
AND GYNECOLOGIST
Regi. No G-29736

9669276457

UHID:	00723058	Date:	8/7/23.	Time:	13154
Patient Name:	Himani Toivedia	Age:	34yrs.	Mobile No:	
Complaint and duration:	do Nil, came for Routine checkup.				
History:					
Menstrual history:	Flow mod.	Duration of Bleeding	3-5d.	Presence of pain	
Cycles	28-30d				
LMP:	- 20/06/2023.				
H/O Associated illnesses:	DM: 1FTND/3yrs/⊕IF				
HTN:					
Thyroid disorder:	→ on 100ug Thyronorm. since 4yrs				
Family History:	NAD				
Medication history:					
Obstetric History:	/ NAD.				
No of deliveries:					
Allergy History:					
Nutritional Screening:	Well-Nourished / Malnourished / Obese				
General Examination:					
CVS	clear	BP:	130/80.	Oedema of ft	/ No
RS		Wt:	56.8kg	Tongue	
Breast examination:					

P/

Soft

A

L/E

P/S- cervix
 P/V - CNVAD, pop taken, cut the end seen. white discharge
 - UTAV, @ size, B1 fx clear.

Provisional Diagnosis:

Investigation: Pop smear
Flap & reports

Plan of care: Plenty of fluids

Rx:

No	Dosage Form	Name of drug (IN BLOCK LETTERS ONLY)	Dose	Route	Frequency	Duration
1)	P.O.	FAS-3 kit		① Home	once	
2)	P.O.	CLINGEN FORTE	1PVTIS	①	③ tablets	
		2100 2100 2100 2100 2100 2100				
Follow-up: <u>3 reports</u>						
Consultant's Sign: <u>[Signature]</u>						

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www.aashkahospitals.in
CIN: L85110GJ2012PLC072647

 **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:	0073308	Date:	8/7/23	Time:	
Patient Name:	Himani Trivedi	Age / Sex:	34 Y / F	Height:	160 cm
		Weight:	57.1 kg		
Chief Complaint:	-				
History:	- Routine dental check				
Allergy History:					
Nutritional Screening:	Well-Nourished / Malnourished / Obese				
Examination:	-				
Extra oral:	-				
Intra oral - Teeth Present:	-				
	Stain + calculus +				
Teeth Absent:					
Diagnosis:	-				

8/7/23
4:15 PM
SIB. Dr. Praet Trivedi

NO fresh complaints

H/O. Hypothyroid.

on Rx. T-thyrox (100)
since 4 years. ^{OD}

2DEcho: mild MVP
EF - 60%.

Lob & septa = Noted

cxr - NAD

old Timp -
March, 2023 → stage III st-change.

T - Normal

P - 82/60 mmHg

BP - 100/60 mmHg

STQ - 98g. on RA

Adv - cardiologist opinion for 2DEcho
& Timp charges.

dt: 8/7/23



Cytological examination- Pap smear request form

Name: Kinari Trivedi

Age: 34yrs.

Complaints:

clonad

No of deliveries:

Last Delivery: 1FTND / 1(1) / 3yrs

History of abortion:

-

Last abortions:

-

MH:

Reg:

LMP:

20/6/23

P/A:

soft

P/S:

CxNAD, Cut thread seen pap taken white discharge.

P/V:

UTAN @ size

Sample:-

Vagina
Cervix

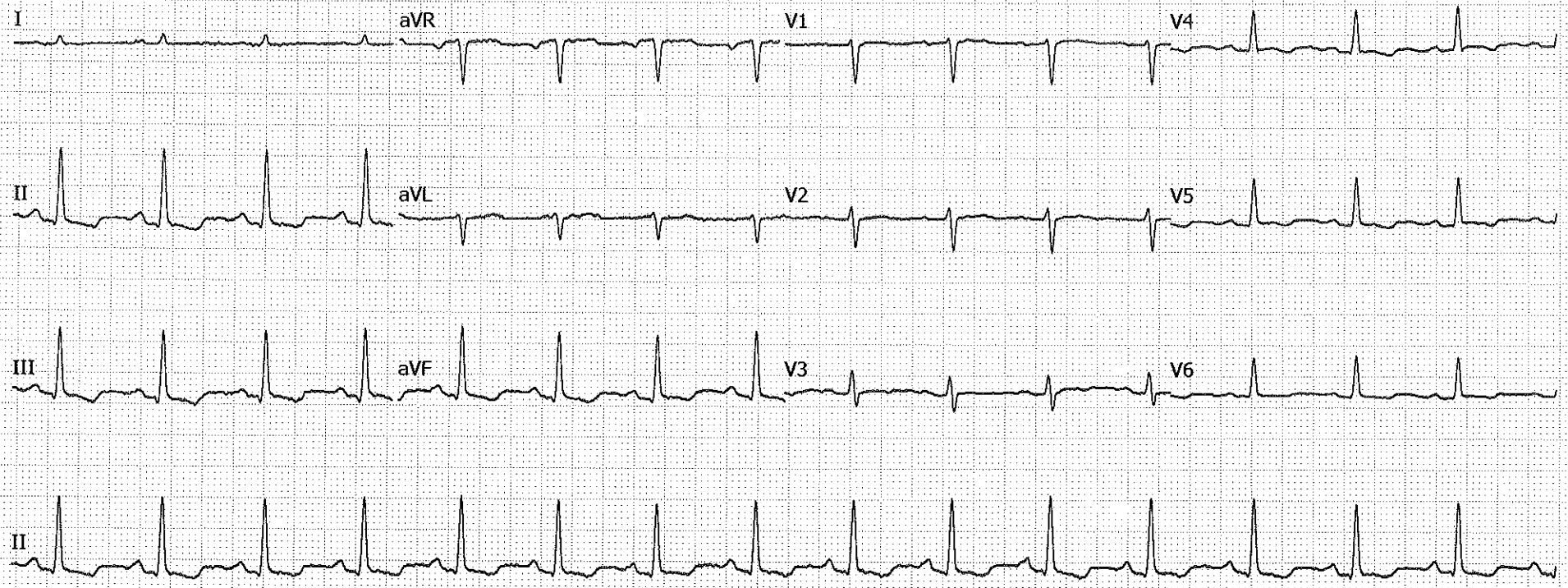


Doctors Sign:-

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 70 ms
QT / QTcBaz : 318 / 395 ms
PR : 158 ms
P : 82 ms
RR / PP : 646 / 645 ms
P / QRS / T : 72 / 82 / 43 degrees

Normal sinus rhythm
T wave abnormality, consider inferior ischemia
Abnormal ECG



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



PATIENT NAME: HIMANI ASHWINBHAI TRIVEDI

GENDER/AGE: Female / 34 Years

DATE: 08/07/23

DOCTOR:

OPDNO: 00723058

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



PATIENT NAME: HIMANI ASHWINBHAI TRIVEDI

GENDER/AGE: Female / 34 Years

DATE: 08/07/23

DOCTOR:

OPDNO: 00723058

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 10.0 x 4.3 cms in size.

Left kidney measures about 10.4 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 140 cc.

UTERUS: Uterus is anteverted and appears normal in size, shape and position. Endometrial and myometrial echoes appear normal. Endometrial thickness measures about 4.6 mm. No evidence of uterine mass lesion is seen. IUCD is seen in situ in position.

Hemorrhagic cyst is seen in left ovary. (34 x 32 mm)

COMMENT: Hemorrhagic cyst seen in left ovary. (34 x 32 mm)

Normal sonographic appearance of liver, GB, pancreas, spleen, kidneys, para aortic region, bladder and uterus.


DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST

PATIENT NAME: HIMANI ASHWINBHAI TRIVEDI

GENDER/AGE: Female / 34 Years

DATE: 08/07/23

DOCTOR: DR. HASIT JOSHI

OPDNO: 00723058

2D-ECHO

MITRAL VALVE	: MILD MVP	
AORTIC VALVE	: NORMAL	
TRICUSPID VALVE	: NORMAL	
PULMONARY VALVE	: NORMAL	
AORTA	: 31mm	
LEFT ATRIUM	: 33mm	
LV Dd / Ds	: 40/28mm	
IVS / LVPW / D	: 10/9mm	EF 60%
IVS	: INTACT	
IAS	: INTACT	
RA	: NORMAL	
RV	: NORMAL	
PA	: NORMAL	
PERICARDIUM	: NORMAL	
VEL	: PEAK	MEAN
M/S	: Gradient mm Hg	Gradient mm Hg
MITRAL	: 1.2/0.6m/s	
AORTIC	: 1.4m/s	
PULMONARY	: 0.9m/s	
COLOUR DOPPLER	: TRIVIAL MR; MILD TR	
RVSP	: 28mmHg	
CONCLUSION	: NORMAL LV SIZE / SYSTOLIC FUNCTION; MILD MVP; TRIVIAL MR; MILD TR; NO PAH.	



CARDIOLOGIST
DR. HASIT JOSHI (9825012235)



LABORATORY REPORT



Name : HIMANI ASHWINBHAI TRIVEDI Sex/Age : Female/ 34 Years Case ID : 30702200218
Ref.By : HOSPITAL Dis. At : Pt. ID : 2829663
Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 08-Jul-2023 09:08 Sample Type : Mobile No :
Sample Date and Time : 08-Jul-2023 09:08 Sample Coll. By : Ref Id1 : O0723058
Report Date and Time : Acc. Remarks : Normal Ref Id2 : O23242527

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Haemogram (CBC)			
MCHC (Calc)	35.9	gm/dL	31.50 - 34.50
Lipid Profile			
Cholesterol	208.02	mg/dL	110 - 200
Chol/HDL	4.27	0 - 4.1	
LDL Cholesterol	138.55	mg/dL	65 - 100
Liver Function Test			
S.G.P.T.	7.83	U/L	14 - 59

Abnormal Result(s) Summary End

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



LABORATORY REPORT

Name : **HIMANI ASHWINBHAI TRIVEDI** Sex/Age : **Female/ 34 Years** Case ID : **30702200218**
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **2829663**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **08-Jul-2023 09:08** Sample Type : **Whole Blood EDTA** Mobile No :
 Sample Date and Time : **08-Jul-2023 09:08** Sample Coll. By : Ref Id1 : **00723058**
 Report Date and Time : **08-Jul-2023 09:21** Acc. Remarks : **Normal** Ref Id2 : **O23242527**

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin	13.8	G%	12.00 - 15.00	
RBC (Electrical Impedance)	4.64	millions/cumm	3.80 - 4.80	
PCV(Calc)	38.56	%	36.00 - 46.00	
MCV (RBC histogram)	83.1	fL	83.00 - 101.00	
MCH (Calc)	29.9	pg	27.00 - 32.00	
MCHC (Calc)	H 35.9	gm/dL	31.50 - 34.50	
RDW (RBC histogram)	14.70	%	11.00 - 16.00	

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

	RESULTS	UNIT	EXPECTED VALUES	EXPECTED VALUES
Total WBC Count	6300	/µL	4000.00 - 10000.00	
Neutrophil	[%] 54.0	%	40.00 - 70.00	[Abs] 3402 /µL
Lymphocyte	37.0	%	20.00 - 40.00	2331 /µL
Eosinophil	2.0	%	1.00 - 6.00	126 /µL
Monocytes	6.0	%	2.00 - 10.00	378 /µL
Basophil	1.0	%	0.00 - 2.00	63 /µL

PLATELET COUNT (Optical)

Platelet Count	329000	/µL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	1.46		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: (LL-VeryLow, L-Low, H-High, HH-VeryHigh, A-Abnormal)



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

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

Printed On : 08-Jul-2023 13:11





LABORATORY REPORT



Name : HIMANI ASHWINBHAI TRIVEDI

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 34 Years

Case ID : 30702200218

Dis. At :

Pt. ID : 2829663

Pt. Loc :

Reg Date and Time : 08-Jul-2023 09:08

Sample Type : Whole Blood EDTA

Mobile No :

Sample Date and Time : 08-Jul-2023 09:08

Sample Coll. By :

Ref Id1 : 00723058

Report Date and Time : 08-Jul-2023 10:45

Acc. Remarks : Normal

Ref Id2 : 023242527

TEST

RESULTS

UNIT

BIOLOGICAL REF RANGE

REMARKS

ESR

Westergren Method

10

mm after 1hr 3 - 20

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



Dr. Amit Prajapati

Page 3 of 13

Dr. Shreya Shah
M.D. (Pathologist)

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

Printed On : 08-Jul-2023 13:11





LABORATORY REPORT



Name : HIMANI ASHWINBHAI TRIVEDI

Sex/Age : Female/ 34 Years Case ID : 30702200218

Ref.By : HOSPITAL

Dis. At : Pt. ID : 2829663

Bill. Loc. : Aashka hospital

Pt. Loc :

Reg Date and Time : 08-Jul-2023 09:08

Sample Type : Whole Blood EDTA

Mobile No :

Sample Date and Time : 08-Jul-2023 09:08

Sample Coll. By :

Ref Id1 : 00723058

Report Date and Time : 08-Jul-2023 09:20

Acc. Remarks : Normal

Ref Id2 : 023242527

TEST

RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

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.)

Printed On : 08-Jul-2023 13:11





LABORATORY REPORT



Name : HIMANI ASHWINBHAI TRIVEDI

Sex/Age : Female/ 34 Years Case ID : 30702200218

Ref.By : HOSPITAL

Dis. At :

Pt. ID : 2829663

Bill. Loc. : Aashka hospital

Pt. Loc :

Reg Date and Time : 08-Jul-2023 09:08

Sample Type : Spot Urine

Mobile No :

Sample Date and Time : 08-Jul-2023 09:08

Sample Coll. By :

Ref Id1 : O0723058

Report Date and Time : 08-Jul-2023 09:27

Acc. Remarks : Normal

Ref Id2 : O23242527

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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URINE EXAMINATION (STRIP METHOD AND FLOWCYTOMETRY)

Physical examination

Colour : Pale yellow
 Transparency : Clear

Chemical Examination By Sysmex UC-3500

Sp.Gravity	1.025		1.005 - 1.030	
pH	7.00		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

MBBS (Pathologist)

Printed On : 08-Jul-2023 13:11





LABORATORY REPORT



Name : HIMANI ASHWINBHAI TRIVEDI

Sex/Age : Female/ 34 Years Case ID : 30702200218

Ref.By : HOSPITAL

Pt. ID : 28299663

Bill. Loc. : Aashka hospital

Dis. At :

Pt. Loc :

Reg Date and Time : 08-Jul-2023 09:08

Sample Type : Spot Urine

Mobile No :

Sample Date and Time : 08-Jul-2023 09:08

Sample Coll. By :

Ref Id1 : 00723058

Report Date and Time : 08-Jul-2023 09:27

Acc. Remarks : Normal

Ref Id2 : 023242527

Parameter	Unit	Expected value	Result/Notations					
			Trace	+	++	+++	++++	
pH	-	4.6-8.0						
SG	-	1.003-1.035						
Protein	mg/dL	Negative (<10)	10	25	75	150	500	
Glucose	mg/dL	Negative (<30)	30	50	100	300	1000	
Bilirubin	mg/dL	Negative (0.2)	0.2	1	3	6	-	
Ketone	mg/dL	Negative (<5)	5	15	50	150	-	
Urobilinogen	mg/dL	Negative (<1)	1	4	8	12	-	

Parameter	Unit	Expected value	Result/Notations				
			Trace	+	++	+++	++++
Leukocytes (Strip)	/micro L	Negative (<10)	10	25	100	500	-
Nitrite(Strip)	-	Negative	-	-	-	-	-
Erythrocytes(Strip)	/micro L	Negative (<5)	10	25	50	150	250
Pus cells (Microscopic)	/hpf	<5	-	-	-	-	-
Red blood cells(Microscopic)	/hpf	<2	-	-	-	-	-
Cast (Microscopic)	/lpf	<2	-	-	-	-	-

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



Dr. Shreya Shah

Pathologist

Printed On : 08-Jul-2023 13:11





LABORATORY REPORT



Name : **HIMANI ASHWINBHAI TRIVEDI** Sex/Age : Female/ 34 Years Case ID : 30702200218
Ref.By : HOSPITAL Dis. At : Pt. ID : 2829663
Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 08-Jul-2023 09:08 Sample Type : Plasma Fluoride F, Plasma Fluoride PP Mobile No :
Sample Date and Time : 08-Jul-2023 09:08 Sample Coll. By : Ref Id1 : O0723058
Report Date and Time : 08-Jul-2023 13:01 Acc. Remarks : Normal Ref Id2 : O23242527
TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

BIOCHEMICAL INVESTIGATIONS

Blood Glucose Level (Fasting & Post Prandial)

Plasma Glucose - F <i>Photometric, Hexokinase</i>	91.76	mg/dL	70 - 100
Plasma Glucose - PP <i>Photometric, Hexokinase</i>	89.27	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 glucoseeer 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 : **HIMANI ASHWINBHAI TRIVEDI** Sex/Age : **Female/ 34 Years** Case ID : **30702200218**
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **2829663**
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : **08-Jul-2023 09:08** Sample Type : **Serum** Mobile No :
 Sample Date and Time : **08-Jul-2023 09:08** Sample Coll. By : Ref Id1 : **O0723058**
 Report Date and Time : **08-Jul-2023 11:28** Acc. Remarks : **Normal** Ref Id2 : **O23242527**

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Lipid Profile


Cholesterol <i>Colorimetric, CHOD-POD</i>	H	208.02	mg/dL	110 - 200
HDL Cholesterol		48.7	mg/dL	48 - 77
Triglyceride <i>Glycerol Phosphate Oxidase</i>		103.87	mg/dL	<150
VLDL <i>Calculated</i>		20.77	mg/dL	10 - 40
Chol/HDL <i>Calculated</i>	H	4.27		0 - 4.1
LDL Cholesterol <i>Calculated</i>	H	138.55	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 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: (L-Very Low, L-Low, H-High, HH-Very High ,A-Abnormal)



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LABORATORY REPORT



Name : **HIMANI ASHWINBHAI TRIVEDI** Sex/Age : Female/ 34 Years Case ID : 30702200218
 Ref.By : HOSPITAL Dis. At : Pt. ID : 2829663
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 08-Jul-2023 09:08 Sample Type : Serum Mobile No :
 Sample Date and Time : 08-Jul-2023 09:08 Sample Coll. By : Ref Id1 : O0723058
 Report Date and Time : 08-Jul-2023 11:28 Acc. Remarks : Normal Ref Id2 : O23242527

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Liver Function Test

S.G.P.T. <i>UV with PSp</i>	L 7.83	U/L	14 - 59	
S.G.O.T. <i>UV with PSp</i>	16.11	U/L	15 - 37	
Alkaline Phosphatase <i>Enzymatic, PNPP-AMP</i>	73.66	U/L	46 - 116	
Gamma Glutamyl Transferase <i>L-Gamma-glutamyl-3-Carboxy-4-nitroanilide Substrate</i>	9.65	U/L	0 - 38	
Proteins (Total) <i>Colorimetric, Biuret</i>	7.12	gm/dL	6.40 - 8.30	
Albumin <i>Bromocresol purple</i>	4.24	gm/dL	3.4 - 5	
Globulin <i>Calculated</i>	2.88	gm/dL	2 - 4.1	
A/G Ratio <i>Calculated</i>	1.5		1.0 - 2.1	
Bilirubin Total <i>Photometry</i>	0.54	mg/dL	0.3 - 1.2	
Bilirubin Conjugated <i>Diazoization reaction</i>	0.17	mg/dL	0 - 0.50	
Bilirubin Unconjugated <i>Calculated</i>	0.37	mg/dL	0 - 0.8	

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



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LABORATORY REPORT



Name : **HIMANI ASHWINBHAI TRIVEDI**
Ref.By : HOSPITAL
Bill. Loc. : Aashka hospital

Sex/Age : Female/ 34 Years Case ID : **30702200218**
Dis. At : Pt. ID : 2829663
Pt. Loc : Pt. Loc :

Reg Date and Time : 08-Jul-2023 09:08 Sample Type : Serum Mobile No :
Sample Date and Time : 08-Jul-2023 09:08 Sample Coll. By : Ref Id1 : 00723058
Report Date and Time : 08-Jul-2023 11:28 Acc. Remarks : Normal Ref Id2 : 023242527

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BUN (Blood Urea Nitrogen) <i>GLDH</i>	9.5	mg/dL	7.00 - 18.70	
Creatinine	0.82	mg/dL	0.50 - 1.50	
Uric Acid <i>Uricase</i>	5.30	mg/dL	2.6 - 6.2	

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



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LABORATORY REPORT



Name : **HIMANI ASHWINHAI TRIVEDI** Sex/Age : Female/ 34 Years Case ID : 30702200218
Ref.By : HOSPITAL Dis. At : Pt. ID : 2829663
Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 08-Jul-2023 09:08 Sample Type : Whole Blood EDTA Mobile No :
Sample Date and Time : 08-Jul-2023 09:08 Sample Coll. By : Ref Id1 : 00723058
Report Date and Time : 08-Jul-2023 09:49 Acc. Remarks : Normal Ref Id2 : 023242527

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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Glycated Haemoglobin Estimation

HbA1C	<u>5.48</u>	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
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Estimated Avg Glucose (3 Mths) 110.58 mg/dL
Calculated

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 glycaemic 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 glycaemic 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 : HIMANI ASHWINBHAI TRIVEDI Sex/Age : Female/ 34 Years Case ID : 30702200218
 Ref.By : HOSPITAL Dis. At : Pt. ID : 28296663
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 08-Jul-2023 09:08 Sample Type : Serum Mobile No :
 Sample Date and Time : 08-Jul-2023 09:08 Sample Coll. By : Ref Id1 : O0723058
 Report Date and Time : 08-Jul-2023 12:22 Acc. Remarks : Normal Ref Id2 : O23242527

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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Thyroid Function Test

Triiodothyronine (T3)	73.09	ng/dL	70 - 204	
Thyroxine (T4) <small>C/MIA</small>	8.7	ng/dL	4.87 - 11.72	
TSH <small>C/MIA</small>	3.936	µIU/mL	0.4 - 4.2	

Normal

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 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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Name : HIMANI ASHWINBHAI TRIVEDI

Sex/Age : Female/ 34 Years Case ID : 30702200218

Ref.By : HOSPITAL

Dis. At : Pt. ID : 28296663

Bill. Loc. : Aashka hospital

Pt. Loc :

Reg Date and Time : 08-Jul-2023 09:08

Mobile No :

Sample Date and Time : 08-Jul-2023 09:08

Sample Coll. By :

Ref Id1 : O0723058

Report Date and Time : 08-Jul-2023 12:22

Acc. Remarks : Normal

Ref Id2 : O23242527

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

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 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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