



प्रति,

समन्वयक,

Mediwheel (Arcofemi Healthcare Limited)

हेल्पलाइन नंबर: 011-41195959

महोदय/ महोदया,

विषय: बैंक ऑफ़ बड़ौदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी जिनका विवरण निम्नानुसार है हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

	कर्मचारी विवरण
नाम	MS. PANKAJKUMAR VYAS KALAGEE
क.क्र.संख्या	126757
पदनाम	SINGLE WINDOW OPERATOR A
कार्य का स्थान	HIMMATNAGAR
जन्म की तारीख	08-01-1993
स्वास्थ्य जांच की प्रस्तावित तारीख	09-12-2023
बुकिंग संदर्भ सं.	23D126757100077968E

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ौदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक 05-12-2023 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 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 इनबॉक्स में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

हस्ता/-

(मुख्य महाप्रबंधक)

मानव संसाधन प्रबंधन विभाग

बैंक ऑफ़ बड़ौदा

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

व्यास कलागे पंकजकुमार
Vyas Kalage Pankajkumar

नाम
Name Vyas Kalage Pankajkumar

कर्मचारी कोड नं.
Employee Code No. 126757

DNShal

जारीकर्ता प्राधिकारी
Issuing Authority



[Handwritten Signature]

धारक के हस्ताक्षर
Signature of Holder



Name: Kalajal. Vyas Age: 30 yrs 1/20/27

Complaints: Foul smelly dis
PIV since
last 1-1 1/2 yrs.

No of deliveries:
Last Delivery: 01/11/23 / 3 1/2 yrs.

History of abortion: MTP pill
taken 1 1/2 years H/O medical conditions associated:

Last abortions: 3 months
DM
HTN
Thyroid

MH: Receipt Reg:

LMP: 27/11/23

P/A: sq.
P/S: Cx - (M)
P/V: NO dis PIV
at present

Sample:-
Vagina
Cervix

SS A-B

Doctors Sign:- ABGadit

09.12.2023 10:48:51 AM
ASHIKA HOSPITAL LTD.
SARGASAN
GANDKINMAGAR

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

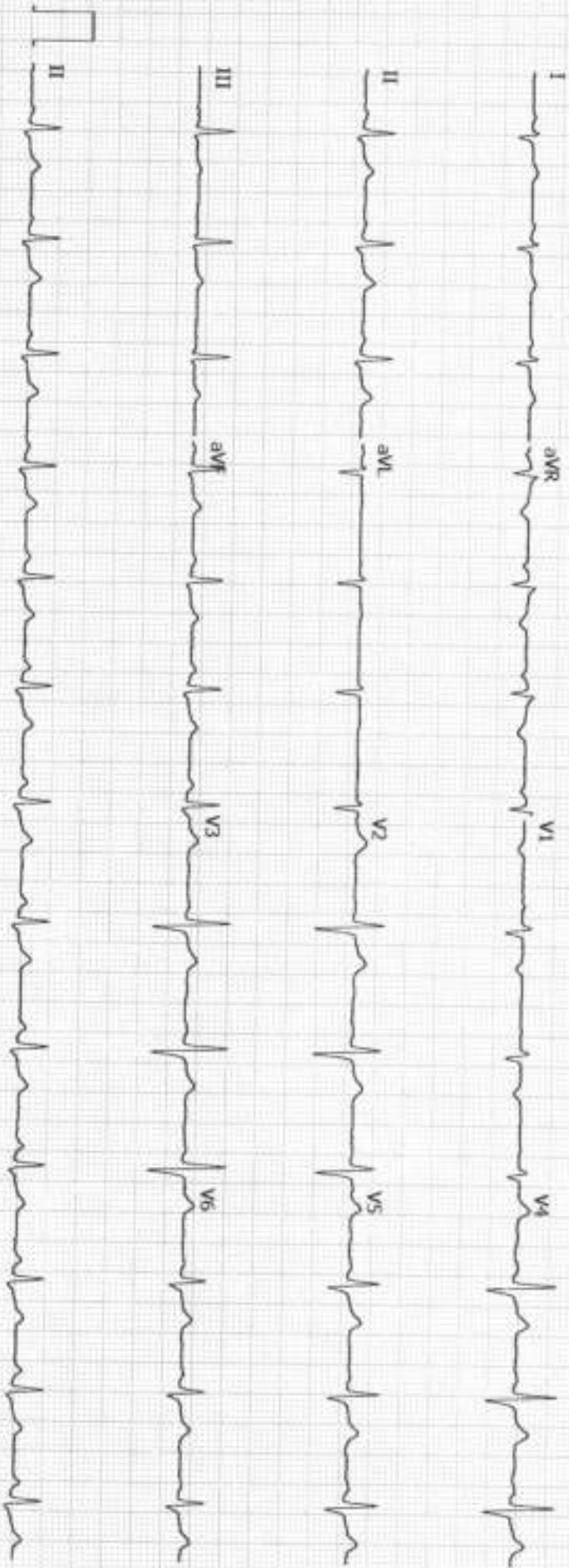
Room:

78 bpm
-- / -- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 90 ms
QT / QTcBaz : 370 / 421 ms
PR : 142 ms
P : 106 ms
RR / PP : 764 / 769 ms
P / QRS / T : 67 / 101 / 62 degrees

Normal sinus rhythm
Rightward axis
Borderline 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

PATIENT NAME: KALAGEE PANKAJKUMAR VYAS

GENDER/AGE: Female / 30 Years

DATE: 09/12/23

DOCTOR: DR. HASIT JOSHI

OPDNO: OSP32516

2D-ECHO

MITRAL VALVE	: MILD MVP		
AORTIC VALVE	: NORMAL		
TRICUSPID VALVE	: NORMAL		
PULMONARY VALVE	: NORMAL		
AORTA	: 29mm		
LEFT ATRIUM	: 28mm		
LV Dd / Ds	: 37/26mm	EF 55%	
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	: 1/0.7m/s		
AORTIC	: 1.2m/s		
PULMONARY	: 1.0m/s		
COLOUR DOPPLER	: MILD MR/TR		
RVSP	: 32mmHg		
CONCLUSION	: NORMAL LV SIZE / SYSTOLIC FUNCTION; MILD MVP/ MILD MR; MILD TR / BORDERLINE PAH.		

CARDIOLOGIST

DR. HASIT JOSHI (9825012235)



PATIENT NAME: KALAGEE PANKAJKUMAR VYAS

GENDER/AGE: Female / 30 Years

DATE: 09/12/23

DOCTOR:

OPDNO: OSP32516

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



LABORATORY REPORT



Name : KALAGEE P VYAS	Sex/Age : Female/ 30 Years	Case ID : 31202200167
Ref.By : Aashka hospital	Dis. At :	Pt. ID : 3182181
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 09-Dec-2023 08:42	Sample Type :	Mobile No :
Sample Date and Time : 09-Dec-2023 08:42	Sample Coll. By :	Ref Id1 : OSP32516
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 : O23248190

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Blood Glucose Fasting & Postprandial			
Plasma Glucose - F	104.58	mg/dL	70 - 100
Blood Urea Nitrogen (BUN)			
BUN (Blood Urea Nitrogen)	5.7	mg/dL	7.00 - 18.70
Complete Hemogram (CBC)			
MCV (RBC histogram)	82.0	fL	83.00 - 101.00
MCH (Calc)	26.7	pg	27.00 - 32.00
Lipid Profile			
LDL Cholesterol	124.89	mg/dL	0.00 - 100.00

Abnormal Result(s) Summary End

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

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LABORATORY REPORT



Name : **KALAGEE P VYAS** Sex/Age : **Female/ 30 Years** Case ID : **31202200167**
 Ref. By : **Aashka hospital** Dis. At : Pt. ID : **3182181**
 Bill. Loc. : **Aashka hospital** Pt. Loc :
 Reg Date and Time : **09-Dec-2023 08:42** Sample Type : **Whole Blood EDTA** Mobile No :
 Sample Date and Time : **09-Dec-2023 08:42** Sample Coll. By : Ref Id1 : **OSP32516**
 Report Date and Time : **09-Dec-2023 09:12** Acc. Remarks : **Normal** Ref Id2 : **O23248190**

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin	12.8	G%	12.0 - 15.0
RBC (Electrical Impedance)	4.78	millions/cumm	3.80 - 4.80
PCV(Calc)	39.20	%	36.00 - 46.00
MCV (RBC histogram)	L 82.0	fL	83.00 - 101.00
MCH (Calc)	L 26.7	pg	27.00 - 32.00
MCHC (Calc)	32.6	gm/dL	31.50 - 34.50
RDW (RBC histogram)	14.60	%	11.00 - 16.00

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

TEST	RESULTS	UNIT	EXPECTED VALUES	[Abs]	EXPECTED VALUES
Total WBC Count	5780	/μL	4000.00 - 10000.00		
Neutrophil	L 58.0	%	40.00 - 70.00	3352	μL 2000.00 - 7000.00
Lymphocyte	31.0	%	20.00 - 40.00	1792	μL 1000.00 - 3000.00
Eosinophil	6.0	%	1.00 - 6.00	347	μL 20.00 - 500.00
Monocytes	5.0	%	2.00 - 10.00	289	μL 200.00 - 1000.00
Basophil	0.0	%	0.00 - 2.00	0	μL 0.00 - 100.00

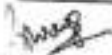
PLATELET COUNT (Optical)

Platelet Count	276000	/μL	150000.00 - 410000.00
NeutLympho Ratio (NLR)	1.87		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-Very Low, L-Low, H-High, HH-Very High, A-Abnormal)


Dr. Shreya Shah
 M.D. (Pathologist)

Page 2 of 13

Printed On : 09-Dec-2023 14:28





LABORATORY REPORT



Name : KALAGEE P VYAS	Sex/Age : Female/ 30 Years	Case ID : 31202200167
Ref.By : Aashka hospital	Dis. At :	PL ID : 3182181
Bill. Loc. : Aashka hospital		PL Loc :
Reg Date and Time : 09-Dec-2023 08:42	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 09-Dec-2023 08:42	Sample Coll. By :	Ref Id1 : OSP32516
Report Date and Time : 09-Dec-2023 09:49	Acc. Remarks : Normal	Ref Id2 : O23248190

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

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

Dr. Shreya Shah

M.D. (Pathologist)

Page 3 of 13

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LABORATORY REPORT



Name : KALAGEE P VYAS	Sex/Age : Female/ 30 Years	Case ID : 31202200167
Ref.By : Aashka hospital	Dis. At :	Pt. ID : 3182181
Bill. Loc. : Aashka hospital		Pt. Loc. :
Req Date and Time : 09-Dec-2023 08:42	Sample Type : Whole Blood EDTA	Mobile No. :
Sample Date and Time : 09-Dec-2023 08:42	Sample Coll. By :	Ref Id1 : OSP32516
Report Date and Time : 09-Dec-2023 09:12	Acc. Remarks : Normal	Ref Id2 : O23248190

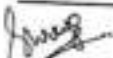
TEST	RESULTS	UNIT BIOLOGICAL REF RANGE	REMARKS
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HAEMATOLOGY INVESTIGATIONS

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

ABO Type	B
Rh Type	POSITIVE

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


Dr. Shreya Shah
 M.D. (Pathologist)

Page 4 of 13

Printed On : 09-Dec-2023 14:27





LABORATORY REPORT



Name : **KALAGEE P VYAS** Sex/Age : **Female/ 30 Years** Case ID : **31202200167**
 Ref. By : **Aashka hospital** Dis. At : Pt. ID : **3182181**
 Bill. Loc. : **Aashka hospital** Pt. Loc :
 Reg Date and Time : **09-Dec-2023 08:42** Sample Type : **Spot Urine** Mobile No :
 Sample Date and Time : **09-Dec-2023 08:42** Sample Coll. By : Ref Id1 : **OSP32516**
 Report Date and Time : **09-Dec-2023 09:12** Acc. Remarks : **Normal** Ref Id2 : **O23248190**

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 : **1.010** 1.005 - 1.030

pH : **7.50** 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(+)

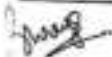
Bacteria : **Nil** /ul Nil

Yeast : **Nil** /ul Nil

Cast : **Nil** /LPF Nil

Crystals : **Nil** /HPF Nil

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


Dr. Shreya Shah
 M.D. (Pathologist)

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LABORATORY REPORT



Name : KALAGEE P VYAS

Sex/Age : Female/ 30 Years

Case ID : 31202200167

Ref. By : Aashka hospital

Dis. At :

Pt. ID : 3182181

Bill. Loc. : Aashka hospital

Pt. Loc. :

Reg Date and Time : 09-Dec-2023 08:42

Sample Type : Spot Urine

Mobile No. :

Sample Date and Time : 09-Dec-2023 08:42

Sample Coll. By :

Ref Id1 : OSP32516

Report Date and Time : 09-Dec-2023 09:12

Acc. Remarks : Normal

Ref Id2 : O23248190

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

Dr. Shreya Shah

M.D. (Pathologist)

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Page 6 of 13



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LABORATORY REPORT



Name : KALAGEE P VYAS	Sex/Age : Female/ 30 Years	Case ID : 31202200167
Ref.By : Aashka hospital	Dis. At :	Pt. ID : 3182181
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 09-Dec-2023 08:42	Sample Type : Plasma Fluoride F, Plasma Fluoride PP	Mobile No :
Sample Date and Time : 09-Dec-2023 08:42	Sample Coll. By :	Ref Id1 : OSP32516
Report Date and Time : 09-Dec-2023 12:04	Acc. Remarks : Normal	Ref Id2 : O23248190
TEST	RESULTS	UNIT BIOLOGICAL REF RANGE
		REMARKS

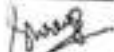
BIOCHEMICAL INVESTIGATIONS

Blood Glucose Level (Fasting & Post Prandial)

Plasma Glucose - F <small>Photometric, Hexokinase</small>	H 104.58	mg/dL	70 - 100
Plasma Glucose - PP <small>Photometric, Hexokinase</small>	100.87	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: V-L-VeryLow, L-Low, H-High, HH-VeryHigh, A-Abnormal


Dr. Shreya Shah
 M.D. (Pathologist)





LABORATORY REPORT



Name : **KALAGEE P VYAS** Sex/Age : **Female/ 30 Years** Case ID : **31202200167**
 Ref.By : **Aashka hospital** Dis. At : Pt. ID : **3182181**
 Bill. Loc. : **Aashka hospital** Pt. Loc :
 Reg Date and Time : **09-Dec-2023 08:42** Sample Type : **Serum** Mobile No :
 Sample Date and Time : **09-Dec-2023 08:42** Sample Coll. By : Ref Id1 : **OSP32516**
 Report Date and Time : **09-Dec-2023 09:49** Acc. Remarks : **Normal** Ref Id2 : **O23248190**

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Lipid Profile

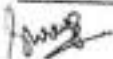
Cholesterol <i>Colorimetric, CHOD-POD</i>	199.00	mg/dL	110 - 200
HDL Cholesterol	60.6	mg/dL	48 - 77
Triglyceride <i>Glycerol Phosphate Oxidase</i>	67.55	mg/dL	<150
VLDL <i>Calculated</i>	13.51	mg/dL	10 - 40
Chol/HDL <i>Calculated</i>	3.28		0 - 4.1
LDL Cholesterol <i>Calculated</i>	H 124.89	mg/dL	0.00 - 100.00

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


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 M.D. (Pathologist)

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Page 8 of 13



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LABORATORY REPORT



Name : KALAGEE P VYAS	Sex/Age : Female/ 30 Years	Case ID : 31202200167
Ref.By : Aashka hospital	Dis. At :	Pt. ID : 3182181
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 09-Dec-2023 08:42	Sample Type : Serum	Mobile No :
Sample Date and Time : 09-Dec-2023 08:42	Sample Coll. By :	Ref Id1 : OSP32516
Report Date and Time : 09-Dec-2023 10:44	Acc. Remarks : Normal	Ref Id2 : O23248190

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>	30.83	U/L	14 - 59
S.G.O.T. <i>UV with PSP</i>	23.77	U/L	15 - 37
Alkaline Phosphatase <i>Enzymatic, PNPP-AMP</i>	50.0	U/L	46 - 116
Gamma Glutamyl Transferase <i>L-Gamma-glutamyl-3-carboxy-4-nitroamide Substrate</i>	13.63	U/L	0 - 38
Proteins (Total) <i>Colorimetric, Buret</i>	7.89	gm/dL	6.40 - 8.30
Albumin	4.56	gm/dL	3.4 - 5
Globulin <i>Calculated</i>	3.33	gm/dL	2 - 4.1
A/G Ratio <i>Calculated</i>	1.4		1.0 - 2.1
Bilirubin Total <i>Photometry</i>	0.59	mg/dL	0.3 - 1.2
Bilirubin Conjugated <i>Diazotization reaction</i>	0.16	mg/dL	0 - 0.50
Bilirubin Unconjugated <i>Calculated</i>	0.43	mg/dL	0 - 0.8

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

Dr. Shreya Shah

M.D. (Pathologist)

Page 9 of 13

Printed On : 09-Dec-2023 11:25



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LABORATORY REPORT



Name : KALAGEE P VYAS	Sex/Age : Female/ 30 Years	Case ID : 31202200167
Ref.By : Aashka hospital	Dis. At :	Pt. ID : 3182181
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 09-Dec-2023 08:42	Sample Type : Serum	Mobile No :
Sample Date and Time : 09-Dec-2023 08:42	Sample Coll. By :	Ref Id1 : OSP32518
Report Date and Time : 09-Dec-2023 09:49	Acc. Remarks : Normal	Ref Id2 : O23248190

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BUN (Blood Urea Nitrogen) <small>GLDH</small>	L 5.7	mg/dL	7.00 - 18.70	
Creatinine	0.75	mg/dL	0.50 - 1.50	
Uric Acid <small>Uncase</small>	3.68	mg/dL	2.6 - 6.2	

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

Dr. Shreya Shah

M.D. (Pathologist)

Page 10 of 13

Printed On : 09-Dec-2023 14:28



Neuberg Supratech Reference Laboratories Private Limited

"KEDAR" Opposite Krupa Petrol Pump, Near Parimal Garden, Ahmedabad - 380006
 079-40408181 / 61618181 contact@supratechlabs.com www.neubergsupratech.com



LABORATORY REPORT



Name : KALAGEE P VYAS	Sex/Age : Female/ 30 Years	Case ID : 31202200167
Ref. By : Aashka hospital	Dis. At :	Pt. ID : 3182181
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 09-Dec-2023 08:42	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 09-Dec-2023 08:42	Sample Coll. By :	Ref Id1 : OSP32516
Report Date and Time : 09-Dec-2023 09:12	Acc. Remarks : Normal	Ref Id2 : O23248190


TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Glycated Haemoglobin Estimation				
HbA1C	5.28		% of total Hb <5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) <small>Calculated</small>	104.84	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 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


Dr. Shreya Shah
 M.D. (Pathologist)

Page 11 of 13

Printed On : 09-Dec-2023 14:28





LABORATORY REPORT



Name : KALAGEE P VYAS	Sex/Age : Female/ 30 Years	Case ID : 31202200167
Ref.By : Aashka hospital	Dis. At :	Pt. ID : 3182181
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 09-Dec-2023 08:42	Sample Type : Serum	Mobile No :
Sample Date and Time : 09-Dec-2023 08:42	Sample Coll. By :	Ref Id1 : OSP32516
Report Date and Time : 09-Dec-2023 10:06	Acc. Remarks : Normal	Ref Id2 : O23248190

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Thyroid Function Test				
Triiodothyronine (T3)	89.36	ng/dL	70 - 204	
Thyroxine (T4) CMA	8.67	ng/dL	4.87 - 11.72	
TSH CMA	2.16	µIU/mL	0.4 - 4.2	

INTERPRETATIONS

- Circulating TSH measurement has been used for screening for euthyroidism, screening and diagnosis for hyperthyroidism & hypothyroidism. Suppressed TSH (<0.01 µIU/mL) suggests a diagnosis of hyperthyroidism and elevated concentration (>7 µIU/mL) suggest hypothyroidism. TSH levels may be affected by acute illness and several medications including dopamine and glucocorticoids. Decreased (low or undetectable) in Graves disease. Increased in TSH secreting pituitary adenoma (secondary hyperthyroidism), PRTH and in hypothalamic disease thyrotropin (tertiary hyperthyroidism). Elevated in hypothyroidism (along with decreased T4) except for pituitary & hypothalamic disease.
- Mild to modest elevations in patient with normal T3 & T4 levels indicates impaired thyroid hormone reserves & incipient hypothyroidism (subclinical hypothyroidism).
- Mild to modest decrease with normal T3 & T4 indicates subclinical hyperthyroidism.
- Degree of TSH suppression does not reflect the severity of hyperthyroidism, therefore, measurement of free thyroid hormone levels is required in patient with a suppressed TSH level.

CAUTIONS

Sick, hospitalized patients may have falsely low or transiently elevated thyroid stimulating hormone. Some patients who have been exposed to animal antigens, either in the environment or as part of treatment or imaging procedure, may have circulating antianimal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

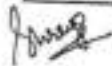
TSH ref range in pregnancy

First trimester
Second trimester
Third trimester

Reference range (microIU/ml)

0.24 - 2.00
0.43-2.2
0.8-2.5

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


Dr. Shreya Shah
M.D. (Pathologist)

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LABORATORY REPORT



Name : KALAGEE P VYAS
 Ref. By : Aashka hospital
 Bill. Loc. : Aashka hospital
 Sex/Age : Female/ 30 Years
 Dis. At :
 Case ID : 31202200167
 Pt. ID : 3182181
 Pt. Loc :
 Reg Date and Time : 09-Dec-2023 08:42
 Sample Date and Time : 09-Dec-2023 08:42
 Report Date and Time : 09-Dec-2023 10:06
 Sample Type : Serum
 Sample Coll. By :
 Acc. Remarks : Normal
 Mobile No :
 Ref Id1 : OSP32516
 Ref Id2 : O23248190

Interpretation Note:

s-TSH sensitive-thyroid-stimulating hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitary-thyroid axis, s-TSH provides a physiologic indicator of the functional level of thyroid hormone activity. Increased s-TSH indicates inadequate thyroid hormone, and suppressed s-TSH indicates excess thyroid hormone. Transient s-TSH abnormalities may be found in seriously ill, hospitalized patients, so this is not the ideal setting to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (an alternative screening test) when the s-TSH result is abnormal, appropriate follow-up tests T4 & free T3 levels should be performed. If TSH is between 5.0 to 10.0 & free T4 & free T3 level are normal then it is considered as subclinical hypothyroidism which should be followed up after 4 weeks & if TSH is > 10 & free T4 & free T3 level are normal then it is considered as overt hypothyroidism.

Serum triiodothyronine (T3) levels often are depressed in sick and hospitalized patients, caused in part by the biochemical shift to the production of reverse T3. Therefore, T3 generally is not a reliable predictor of hypothyroidism. However, in a small subset of hyperthyroid patients, hyperthyroidism may be caused by overproduction of T3 (T3 toxicosis). To help diagnose and monitor this subgroup, T3 is measured on all specimens with suppressed s-TSH and normal FT4 concentrations.

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

TSH ref range in Pregnancy	Reference range (microIU/ml)
First trimester	0.24 - 2.00
Second trimester	0.43-2.2
Third trimester	0.8-2.5

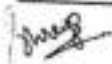
	T3	T4	TSH
Normal Thyroid function	N	N	N
Primary Hyperthyroidism	↑	↑	↓
Secondary Hyperthyroidism	↑	↑	↑
Grave's Thyroiditis	↑	↑	↑
T3 Thyrotoxicosis	↑	N	N/↓
Primary Hypothyroidism	↓	↓	↑
Secondary Hypothyroidism	↓	↓	↓
Subclinical Hypothyroidism	N	N	↑
Patient on treatment	N	N/↑	↓

Pending Services
 Liquid Base Cytology PAP

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


 Dr. Shreya Shah
 M.D. (Pathologist)

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DR. PRERAK TRIVEDI
M.D., IDCCM
CRITICAL CARE MEDICINE
REG.NO.G-59493

UHID:		Date: 9/12/23	Time: 3PM
Patient Name: Kalusee Vyas		Height:	
Age / Sex: 30y/F	LMP:	Weight:	
History:			
P/C/O: N/A		History: N/A	
Allergy History: N/A		Addiction: N/A	
Nutritional Screening: Well-Nourished / Malnourished / Obese			
Vitals & Examination: Temperature: Normal Pulse: 82/min BP: 118/82 mmHg SPO2: 98.0% on RA			
Provisional Diagnosis:			

Advice:



Rx

No	Dosage Form	Name of drug (IN BLOCK LETTERS ONLY)	Dose	Route	Frequency	Duration
	LIQ	LOOZ (2000ml)			0-0-1	
		Natural Fibre				

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

UHID:	Date: 9/12/23	Time:
Patient Name: Kerlgee Vyas	Age /Sex: 30/F	Height:
	Weight:	
Chief Complain:		
History: Routine dental check up		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination:		
Extra oral :		
Intra oral – Teeth Present :		
Stain +		
Teeth Absent : calculus +		
→ Impaired teeth 18		
Diagnosis:		

Rx

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

Other Advice:

→ Extⁿ of $\frac{1}{8}$

→ Sealing

Follow-up:

Consultant's Sign:

Sejar

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

UHID: <u>OSP 32516</u>	Date: <u>09/12/23</u>	Time: <u>10:40</u>
Patient Name: <u>Kalagoo . P . Vyas .</u>	Age / Sex: <u>30 / F</u>	Height: Weight:
History: <u>Compl Hedy dnt</u>		
Allergy History:		
Nutritional Screening: <u>Well-Nourished / Malnourished / Obese</u>		
Examination: <u>2 corneal</u> <u>M 6/6</u> <u>6/6</u> <u>nb</u> <u>Color vision - normal</u>		
Diagnosis:	<u>probative cornea</u>	



Kalagel Vyas sec-27

7/12/23

Age: 30yr.

PI

%: Foul smelling
 discharge.

— 7-6 Dory (20)
 9-2

Simulast
 1-1 1/2 yr.

— 7-2 Metrogyl (20)
 9-2

Sept R x 2

— 7-2 RBBN-D (10)
 27-11-23

ref: 27/11/23

OH 18/11/23/3 1/2 yr.

— Vaginal tel (10)
 17/11/23

HP bill tel
 3 sub bands

at 1 1/2 sect-

OH Ref.

Ref
 AOF

PI
 x (2)
 No disc
 at present