



LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,
Mediwheel (Arcofemi Healthcare Limited)
Helpline number: 011- 41195959

Dear Sir / Madam,

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MR. KUMAR ASHOK
EC NO.	96895
DESIGNATION	SINGLE WINDOW OPERATOR A
PLACE OF WORK	UNAVA
BIRTHDATE	31-10-1963
PROPOSED DATE OF HEALTH CHECKUP	13-05-2023 28/10/23
BOOKING REFERENCE NO.	23J96895100058376E

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 **24-04-2023** 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 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))

Reimbursement Application

Name of the benefit Mandatory Health Check-up

Application Number 96895240327

Submission Date 24/04/2023

Status Submitted

Personal Information

ECNO 96895

Name MR. KUMAR ASHOK

Grade CL

Job Function SINGLE WINDOW OPERATOR A

Account # 01470100008308

Location UNAVA

Health Check-Up Details

Financial Year 2023

For Self age 59

F.Y. 2023-2024

Claim Type Cashless

Date of Check-Up 13/05/2023

Availed:

20/10/22

Service Provider Mediwheel (Arcofemi Healthcare Limited)

Booking Reference Number 23J96895100058376E

Applicant's Comments



Entered by ID: AK096895

Print

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PATIENT NAME:ASHOK KUMAR
GENDER/AGE:Male / 60 Years
DOCTOR:DR.HASIT JOSHI
OPDNO:OSP31514

DATE:28/10/23

2D-ECHO

MITRAL VALVE	: NORMAL	
AORTIC VALVE	: NORMAL	
TRICUSPID VALVE	: NORMAL	
PULMONARY VALVE	: NORMAL	
AORTA	: 35mm	
LEFT ATRIUM	: 32mm	
LV Dd / Ds	: 39/25mm	EF 60%
IVS / LVPW / D	: 11/10mm	BORDERLINE LVH
IVS	: INTACT	
IAS	: INTACT	
RA	: NORMAL	
RV	: NORMAL	
PA	: NORMAL	
PERICARDIUM	: NORMAL	
VEL	: PEAK	MEAN
M/S	: Gradient mm Hg	Gradient mm Hg
MITRAL	: 1/0.7m/s	
AORTIC	: 1.2m/s	
PULMONARY	: 0.9m/s	
COLOUR DOPPLER	: TRIVIAL MR/TR	
RVSP	:	
CONCLUSION	: <u>BORDERLINE LVH</u>; NORMAL LV FUNCTION.	

CARDIOLOGIST
DR.HASIT JOSHI (9825012235)



PATIENT NAME:ASHOK KUMAR

GENDER/AGE:Male / 60 Years

DATE:28/10/23

DOCTOR:

OPDNO:OSP31514

SONOGRAPHY OF ABDOMEN AND PELVIS

LIVER: Liver appears normal in size and shows increased parenchymal echoes. No evidence of focal lesion is seen. No evidence of dilated IHBR is seen. Intrahepatic portal radicles appear normal. No evidence of solid or cystic mass lesion is seen.

GALL BLADDER: Gall bladder is physiologically distended and appears normal. No evidence of calculus or changes of cholecystitis are seen. No evidence of pericholecystic fluid collection is seen. CBD appears normal.

PANCREAS: Pancreas appears normal in size and shows normal parenchymal echoes. No evidence of pancreatitis or pancreatic mass lesion is seen.

SPLEEN: Spleen appears normal in size and shows normal parenchymal echoes. No evidence of focal or diffuse lesion is seen.

KIDNEYS: Both kidneys are normal in size, shape and position. Both renal contours are smooth. Cortical and central echoes appear normal. Bilateral cortical thickness appears normal. No evidence of renal calculus, hydronephrosis or mass lesion is seen on either side. No evidence of perinephric fluid collection is seen.

Right kidney measures about 9.9 x 4.1 cms in size.

Left kidney measures about 10.2 x 4.0 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 90 cc.

PROSTATE: Prostate appears mildly enlarged in size and shows normal parenchymal echoes. No evidence of pathological calcification or solid or cystic mass lesion is seen. Prostate volume measures about 34 cc.

36 x 21 mm lipoma is seen in supra umbilical region.

COMMENT: Grade I fatty changes in liver.

Mild enlarged prostate.

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


DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST

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CIN: L85110GJ2012PLC072647



PATIENT NAME:ASHOK KUMAR

GENDER/AGE:Male / 60 Years

DATE:28/10/23

DOCTOR:

OPDNO:OSP31514

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 : ASHOK KUMAR	Sex/Age : Male / 60 Years	Case ID : 31002201461
Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 3091392
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 28-Oct-2023 08:51	Sample Type :	Mobile No :
Sample Date and Time : 28-Oct-2023 08:51	Sample Coll. By :	Ref Id1 : OSP31514
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 : O23246216

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Blood Glucose Fasting & Postprandial			
Plasma Glucose - F	127.21 ✓	mg/dL	70.0 - 100
Plasma Glucose - PP	153.16 ✓	mg/dL	70.0 - 140.0
Glyco Hemoglobin			
HbA1C	6.08	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes
Haemogram (CBC)			
Eosinophil	8.0 ✓	%	1.00 - 6.00
Lipid Profile			
Cholesterol	203.39 ✓	mg/dL	110 - 200
Chol/HDL	4.16		0 - 4.1
LDL Cholesterol	125.51	mg/dL	0.00 - 100.00
Liver Function Test			
S G O.T.	41.89 ✓	U/L	15 - 37
Alkaline Phosphatase	126.0	U/L	46 - 116
Proteins (Total)	5.07	gm/dL	6.40 - 8.30
Globulin	1.67	gm/dL	2 - 4.1

Abnormal Result(s) Summary End

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

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LABORATORY REPORT



Name : ASHOK KUMAR	Sex/Age : Male / 60 Years	Case ID : 31002201461
Ref. By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 3091392
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 28-Oct-2023 08:51	Sample Type : Whole Blood EDTA	Mobile No. :
Sample Date and Time : 28-Oct-2023 08:51	Sample Coll. By :	Ref Id1 : OSP31514
Report Date and Time : 28-Oct-2023 09:55	Acc. Remarks : Normal	Ref Id2 : O23246216

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin	14.7	G%	13.00 - 17.00
RBC (Electrical Impedance)	4.64	millions/cumm	4.50 - 5.50
PCV(Calc)	43.89	%	40.00 - 50.00
MCV (RBC histogram)	94.6	fL	83.00 - 101.00
MCH (Calc)	31.7	pg	27.00 - 32.00
MCHC (Calc)	33.5	gm/dL	31.50 - 34.50
RDW (RBC histogram)	12.90	%	11.00 - 16.00

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

Total WBC Count	5140	/μL	4000.00 - 10000.00
Neutrophil	[%] 52.0	%	EXPECTED VALUES 40.00 - 70.00
Lymphocyte	34.0	%	20.00 - 40.00
Eosinophil	H 8.0	%	1.00 - 6.00
Monocytes	6.0	%	2.00 - 10.00
Basophil	0.0	%	0.00 - 2.00

	[Abs] 2673	/μL	EXPECTED VALUES 2000.00 - 7000.00
	1748	/μL	1000.00 - 3000.00
	411	/μL	20.00 - 500.00
	308	/μL	200.00 - 1000.00
	0	/μL	0.00 - 100.00

PLATELET COUNT (Optical)

Platelet Count	262000	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	1.53		0.78 - 3.53

SMLAR STUDY

RBC Morphology	Normocytic Normochromic RBCs.
WBC Morphology	Eosinophilia
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 (Pathologist)

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LABORATORY REPORT



Name : ASHOK KUMAR	Sex/Age : Male / 60 Years	Case ID : 31002201461
Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 3091392
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 28-Oct-2023 08:51	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 28-Oct-2023 08:51	Sample Coll. By :	Ref Id1 : OSP31514
Report Date and Time : 28-Oct-2023 11:24	Acc. Remarks : Normal	Ref Id2 : O23246216

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR <i>Westergren Method</i>	05	mm after 1hr 3 - 20		

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

Dr. Shreya Shah

M.D. (Pathologist)

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LABORATORY REPORT



Name : ASHOK KUMAR	Sex/Age : Male / 60 Years	Case ID : 31002201461
Ref By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 3091392
Bill Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 28-Oct-2023 08:51	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 28-Oct-2023 08:51	Sample Coll. By :	Ref Id1 : OSP31514
Report Date and Time : 28-Oct-2023 11:06	Acc. Remarks : Normal	Ref Id2 : O23246216

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)

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LABORATORY REPORT



Name : ASHOK KUMAR	Sex/Age : Male / 60 Years	Case ID : 31002201461
Ref. By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 3091392
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 28-Oct-2023 08:51	Sample Type : Spot Urine	Mobile No :
Sample Date and Time : 28-Oct-2023 08:51	Sample Coll. By :	Ref Id1 : OSP31514
Report Date and Time : 28-Oct-2023 11:44	Acc. Remarks : Normal	Ref Id2 : O23246216

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		1.003 - 1.035
pH	7.0		4.6 - 8
Leucocytes (ESTERASE)	Negative		Negative
Protein	Negative		Negative
Glucose	Negative		Negative
Ketone Bodies Urine	Negative		Negative
Urobilinogen	Negative		Negative
Bilirubin	Negative		Negative
Blood	Negative		Negative
Nitrite	Negative		Negative

Flowcytometric Examination By Sysmex UF-5000

Leucocyte	Nil	/HPF	Nil
Red Blood Cell	Nil	/HPF	Nil
Epithelial Cell	Present +	/HPF	Present(+)
Bacteria	Nil	/ul	Nil
Yeast	Nil	/ul	Nil
Cast	Nil	/LPF	Nil
Crystals	Nil	/HPF	Nil

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

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LABORATORY REPORT



Name : **ASHOK KUMAR** Sex/Age : **Male / 60 Years** Case ID : **31002201461**
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **3091392**
 Bill. Loc. : **Aashka hospital** Pt. Loc. :
 Reg Date and Time : **28-Oct-2023 08:51** Sample Type : **Spot Urine** Mobile No :
 Sample Date and Time : **28-Oct-2023 08:51** Sample Coll. By : Ref Id1 : **OSP31514**
 Report Date and Time : **28-Oct-2023 11:44** Acc. Remarks : **Normal** Ref Id2 : **O23246216**

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

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

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

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M.D. (Pathologist)

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Neuberg Supratech Reference Laboratories Private Limited

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LABORATORY REPORT



Name : **ASHOK KUMAR** Sex/Age : **Male / 60 Years** Case ID : **31002201461**
 Ref By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **3091392**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 28-Oct-2023 08:51	Sample Type : Plasma Fluoride F, Plasma Fluoride PP	Mobile No :
Sample Date and Time : 28-Oct-2023 08:51	Sample Coll. By :	Ref Id1 : OSP31514
Report Date and Time : 28-Oct-2023 12:18	Acc. Remarks : Normal	Ref Id2 : O23246216
TEST	RESULTS UNIT BIOLOGICAL REF RANGE	REMARKS

BIOCHEMICAL INVESTIGATIONS

Blood Glucose Level (Fasting & Post Prandial)

Plasma Glucose - F	H	<u>127.21</u>	mg/dL	70.0 - <u>100</u>
Plasma Glucose - PP	H	<u>153.16</u>	mg/dL	70.0 - <u>140.0</u>

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

<100 mg/dL : Normal level

100 <126 mg/dL: Impaired fasting glucose guidelines

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

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

Dr. Shreya Shah

M.D. (Pathologist)

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LABORATORY REPORT



Name : **ASHOK KUMAR** Sex/Age : **Male / 60 Years** Case ID : **31002201461**
 Ref By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **3091392**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 28-Oct-2023 08:51 Sample Type : Serum Mobile No :
 Sample Date and Time : 28-Oct-2023 08:51 Sample Coll. By : Ref Id1 : OSP31514
 Report Date and Time : 28-Oct-2023 13:35 Acc. Remarks : Normal Ref Id2 : O23246216

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol <i>Colorimetric, CHOD-POD</i>	H	203.39	mg/dL	110 - 200
HDL Cholesterol		48.9	mg/dL	48 - 77
Triglyceride <i>Glycerol Phosphate Oxidase</i>		144.91	mg/dL	<150
VLDL <i>Calculated</i>		28.98	mg/dL	10 - 40
Chol/HDL <i>Calculated</i>	H	4.16		0 - 4.1
LDL Cholesterol <i>Calculated</i>	H	125.51	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 assesment
- 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 assesment

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

Dr. Shreya Shah

M.D. (Pathologist)

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LABORATORY REPORT



Name : **ASHOK KUMAR** Sex/Age : **Male / 60 Years** Case ID : **31002201461**
 Ref By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **3091392**
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : 28-Oct-2023 08:51 Sample Type : Serum Mobile No :
 Sample Date and Time : 28-Oct-2023 08:51 Sample Coll. By : Ref Id1 : **OSP31514**
 Report Date and Time : 28-Oct-2023 13:54 Acc. Remarks : Normal Ref Id2 : **O23246216**

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Liver Function Test

S.G.P.T. <i>UV with P5P</i>	46.32	U/L	16 - 63	
S.G.O.T. <i>UV with P5P</i>	H 41.89	U/L	15 - 37	
Alkaline Phosphatase <i>Enzymatic, PNPP-AMP</i>	H 126.0	U/L	46 - 116	
Gamma Glutamyl Transferase <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate</i>	17.87	U/L	0 - 55	
Proteins (Total) <i>Colorimetric, Biuret</i>	L 5.07	gm/dL	6.40 - 8.30	
Albumin <i>Bromocresol purple</i>	3.4	gm/dL	3.4 - 5	
Globulin <i>Calculated</i>	L 1.67	gm/dL	2 - 4.1	
A/G Ratio <i>Calculated</i>	2.0		1.0 - 2.1	
Bilirubin Total <i>Photometry</i>	0.30	mg/dL	0.3 - 1.2	
Bilirubin Conjugated <i>Diazotization reaction</i>	0.25	mg/dL	0 - 0.50	
Bilirubin Unconjugated <i>Calculated</i>	0.05	mg/dL	0 - 0.8	

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


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 M.D. (Pathologist)

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LABORATORY REPORT



Name : ASHOK KUMAR	Sex/Age : Male / 60 Years	Case ID : 31002201461
Ref By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 3091392
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 28-Oct-2023 08:51	Sample Type : Serum	Mobile No :
Sample Date and Time : 28-Oct-2023 08:51	Sample Coll. By :	Ref Id1 : OSP31514
Report Date and Time : 28-Oct-2023 13:35	Acc. Remarks : Normal	Ref Id2 : O23246216

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BUN (Blood Urea Nitrogen) <small>BUN</small>	10.2	mg/dL	8.40 - 25.70	
Creatinine	1.45	mg/dL	0.50 - 1.50	
Uric Acid <small>Uricase</small>	7.04	mg/dL	3.5 - 7.2	

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

Dr. Shreya Shah

M.D. (Pathologist)

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LABORATORY REPORT



Name : **ASHOK KUMAR** Sex/Age : **Male / 60 Years** Case ID : **31002201461**
 Ref By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **3091392**
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : 28-Oct-2023 08:51	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 28-Oct-2023 08:51	Sample Coll. By :	Ref Id1 : OSP31514
Report Date and Time : 28-Oct-2023 11:24	Acc. Remarks : Normal	Ref Id2 : O23246216

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Glycated Haemoglobin Estimation				

HbA1C	H <u>6.08</u>		% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	127.80	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: (L-L-VeryLow, L-Low, H-High, HH-VeryHigh) (A-Abnormal)

Dr. Shreya Shah

M.D. (Pathologist)

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LABORATORY REPORT



Name : **ASHOK KUMAR** Sex/Age : **Male / 60 Years** Case ID : **31002201461**
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **3091392**
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : 28-Oct-2023 08:51	Sample Type : Serum	Mobile No :
Sample Date and Time : 28-Oct-2023 08:51	Sample Coll. By :	Ref Id1 : OSP31514
Report Date and Time : 28-Oct-2023 11:56	Acc. Remarks : Normal	Ref Id2 : O23246216

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Thyroid Function Test				
Triiodothyronine (T3)	109.13	ng/dL	40 - 181	
Thyroxine (T4) <small>CMA</small>	8.60	ng/dL	4.87 - 11.72	
TSH <small>CMA</small>	3.49	μIU/mL	0.5 - 8.9	

INTERPRETATIONS

- Circulating TSH measurement has been used for screening for euthyroidism, screening and diagnosis for hyperthyroidism & hypothyroidism. Suppressed TSH (<0.01 μIU/mL) suggests a diagnosis of hyperthyroidism and elevated concentration (>7 μIU/mL) suggest hypothyroidism. TSH levels may be affected by acute illness and several medications including dopamine and glucocorticoids. Decreased (low or undetectable) in Graves disease. Increased in TSH secreting pituitary adenoma (secondary hyperthyroidism), PRTN 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

MD (Pathologist)

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LABORATORY REPORT



Name : ASHOK KUMAR	Sex/Age : Male / 60 Years	Case ID : 31002201461
Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 3091392
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 28-Oct-2023 08:51	Sample Type : Serum	Mobile No :
Sample Date and Time : 28-Oct-2023 08:51	Sample Coll. By :	Ref Id1 : OSP31514
Report Date and Time : 28-Oct-2023 11:56	Acc. Remarks : Normal	Ref Id2 : O23246216

Interpretation Note:

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

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

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

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

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

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

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MD (Pathologist)

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LABORATORY REPORT



Name : ASHOK KUMAR	Sex/Age : Male / 60 Years	Case ID : 31002201461
Ref By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 3091392
Bill Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 28-Oct-2023 08:51	Sample Type : Serum	Mobile No :
Sample Date and Time : 28-Oct-2023 08:51	Sample Coll. By :	Ref Id1 : OSP31514
Report Date and Time : 28-Oct-2023 14:42	Acc. Remarks : Normal	Ref Id2 : O23246216

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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Prostate Specific Antigen (PSA)

Prostate Specific Antigen **0.684** **ng/mL** **0 - 4**

CMIA

	0 - 0.5 *(ng/mL)	>0.5 - 2.5 (ng/mL)	>2.5 - 5.0 (ng/mL)	>5.0 - 10 (ng/mL)	>10 (ng/mL)
Healthy Males	87.2	12.8	0.0	0.0	0.0
BPH	51.9	42.9	4.2	0.5	0.5
Stage A Prostate Cancer	38.5	42.3	11.5	3.8	3.8
Stage B Prostate Cancer	23.9	68.7	7.5	0.0	0.0

*% of population

Use

The total PSA test and digital rectal exam (DRE) are used together to help determine the need for a prostate biopsy. The goal of screening is to minimize unnecessary biopsies and to detect clinically significant prostate cancer while it is still confined to the prostate.

Clinical Significance of elevated levels of PSA are associated with prostate cancer, but they may also be seen with prostatitis and benign prostatic hyperplasia (BPH). Mild to moderately increased concentrations of PSA may be seen in those of African American heritage, and levels tend to increase in all men as they age.

Prostate biopsy is required for the diagnosis of cancer.

FREE PSA:TOTAL PSA

Males:

When Total PSA concentration is in the range of 4.0-10.0 ng/mL:

Free PSA/total PSA ratio	Probability of cancer		
	50-59 years	60-69 years	> or =70 years
≥ or =0.10	49%	58%	65%
0.11-0.18	27%	34%	41%
0.19-0.25	18%	24%	30%
< 0.25	9%	12%	16%

----- End Of Report -----

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


Dr. Sandip Shah

M.D. (Path. & Bact.)
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Neuberg Supratech Reference Laboratories Private Limited

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

079-40408181 / 61618181 contact@supratechlabs.com www.neubergsupratech.com




LABORATORY REPORT



Name : ASHOK KUMAR	Sex/Age : Male / 60 Years	Case ID : 31002201461
Ref By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 3091392
Bill Loc. : Aashka hospital		Pt. Loc :
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Report Date and Time : 28-Oct-2023 14:42	Acc. Remarks : Normal	Ref Id2 : O23246216

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)


Dr. Sandip Shah

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

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Consultant Pathologist

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Consultant Pathologist

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28.10.2023 11:00:29 AM
AASHKA HOSPITAL LTD.
SARGASAN
GANDHINAGAR

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

Room: 0459 LOT D 942 #

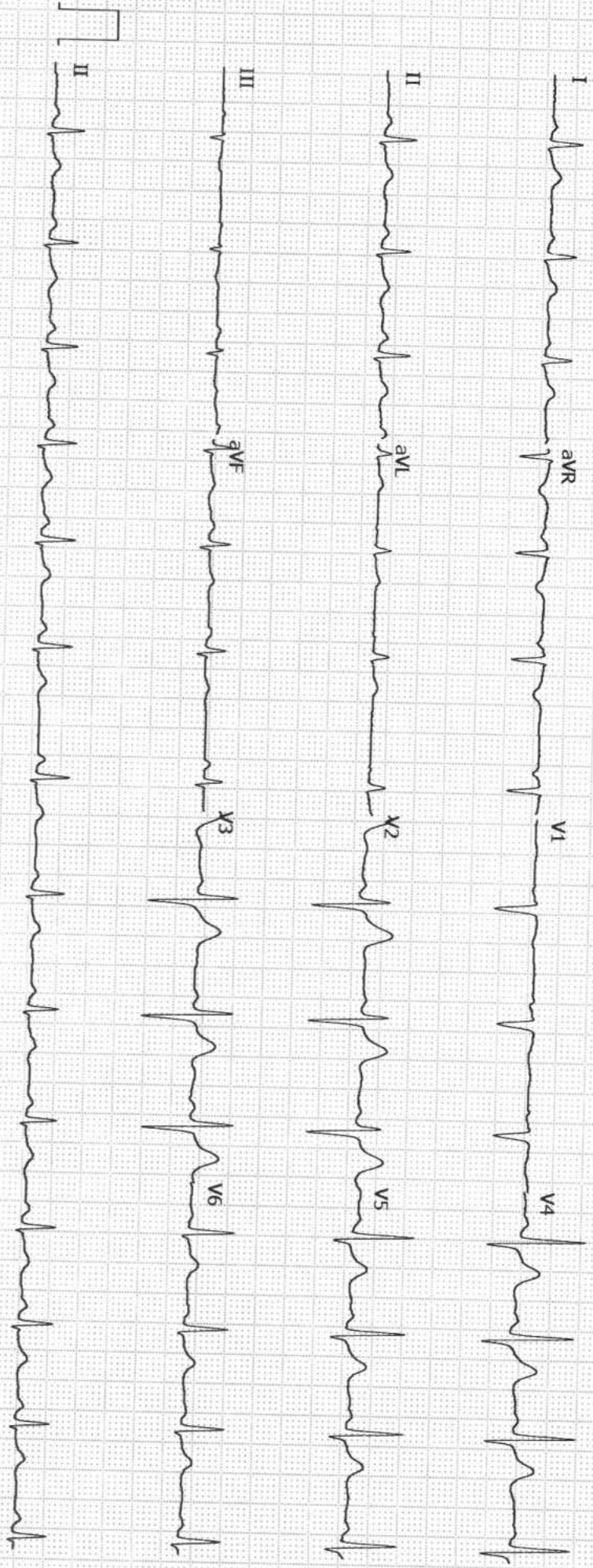
83 bpm
--/-- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 88 ms
QT / QTcBz : 358 / 420 ms
PR : 130 ms
P : 98 ms
RR / PP : 726 / 722 ms
P / QRS / T : 58 / 28 / 26 degrees

Normal sinus rhythm with sinus arrhythmia
Normal ECG

Ashok Kumar
60 yrs/male



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

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

UHID: <u>OSP 31514</u>	Date: <u>28/10/23</u>	Time: <u>11.4</u>
Patient Name: <u>Ashokkumar.</u>	Age /Sex:	Height:
	Weight:	
History: <u>Gmpy Medh chus</u> <u>pt has glass 15-20 year + dth in 1m</u> <u>27m</u>		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination: <u>vn 6/18</u> <u>6/18</u> <u>vn 6/18</u> <u>6/16</u> <u>6/16</u> <u>2/16</u> <u>2/16</u> <u>Color vision - Normal</u>		
Diagnosis:		<u>Refractive error</u>

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

UHID: <u>OSP 31514</u>		Date: <u>28/10/23</u>	Time: <u>4 PM</u>
Patient Name: <u>ASHOK kumar</u>		Height:	Weight:
Age /Sex: <u>60y/M</u>	LMP:		
History:			
C/C/O: <u>Routine health checkup</u>		History: <u>None</u>	
Allergy History: <u>None</u>		Addiction: <u>None</u>	
Nutritional Screening: Well-Nourished / Malnourished / Obese			
Vitals & Examination:			
Temperature: <u>Normal</u>	<u>2D Echo - Borderline LNH</u>		
Pulse: <u>78/min</u>			
BP: <u>122/98 mmHg</u>			
SPO2: <u>98% on RA</u>			
Provisional Diagnosis:			

Advice:

FBS / PDBS

After 2 month

FBS 197 ↑


DPB 153

HbA1c - 6.08

Rx

No	Dosage Form	Name of drug (IN BLOCK LETTERS ONLY)	Dose	Route	Frequency	Duration
	TAB.	TELMA (40)	1	0	0	30
	TAB.	METFORMIN (500)	1	0	0	30
		Regular. BP. check up. every day & make chart, 2 times				

Insulin Scale	RBS-	hourly	Diet Advice:
< 150 -	300-350 -		Follow-up:
150-200 -	350-400 -		
200-250 -	400-450 -		Sign:
250-300 -	> 450 -		



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

UHID: OSP 31514	Date: 28/10/23	Time:
Patient Name: Ashok kumar	Age / Sex: 60 / M.	Height:
	Weight:	
Chief Complain: → Routine dental check up		
History:		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination:		
Extra oral :		
Intra oral – Teeth Present : Stain + Caries. +		
Teeth Absent :		
Diagnosis:		

Rx						
No	Dosage Form	Name of drug (IN BLOCK LETTERS ONLY)	Dose	Route	Frequency	Duration
	①	Electric vector glasses.				

Other Advice:

→ Sewing

Follow-up:

Consultant's Sign:

Sejea