



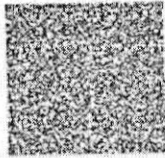
ભારતીય વિશિષ્ટ ઓળખાણ પ્રાધિકરણ  
ભારત સરકાર  
Unique Identification Authority of India  
Government of India

ભાગીદાર ક્રમ સંખ્યા/ Enrolment No.: 0124/25408/02090

To  
આદિતી અમિત વાજપે  
Aaditi Amit Wajpe  
E - 301  
Infocity Township  
Infocity  
Near Gh - 0 Circle  
Gandhinagar  
Gandhinagar Sector 7  
Gandhinagar Gujarat - 382007  
7359036665

Download Date: 06/07/2019  
Generation Date: 24/06/2019

Signature valid



તમારો આધાર નંબર / Your Aadhaar No. :

8272 9430 6533  
VID : 9147 7339 8066 7533

મારો આધાર, મારી ઓળખ



ભારત સરકાર  
Government of India



આદિતી અમિત વાજપે  
Aaditi Amit Wajpe  
જન્મ તારીખ/DOB: 17/09/1979  
સ્ત્રી/FEMALE

8272 9430 6533  
VID : 9147 7339 8066 7533

મારો આધાર, મારી ઓળખ



Government of India

AADHAAR

સૂચના

- આધાર ઓળખાણનું પ્રમાણ છે, નાગરિકતાનું નહિ.
- ઓળખાણનું પ્રમાણ ઓનલાઇન ઓથેન્ટિકેશન દ્વારા પ્રાપ્ત કરો.
- આ ઇલેક્ટ્રોનિક પ્રક્રિયા દ્વારા બનાવેલ દસ્તાવેજ છે.

INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
- To establish identity, authenticate online.
- This is electronically generated letter.

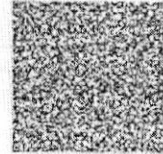
- આધાર દેશભરમાં માન્ય છે.
- આધાર ભવિષ્યમાં સરકારી અને બિન-સરકારી સેવાઓનો લાભ મેળવવામાં ઉપયોગી થશે.
- Aadhaar is valid throughout the country.
- Aadhaar will be helpful in availing Government and Non-Government services in future.



ભારતીય વિશિષ્ટ ઓળખાણ પ્રાધિકરણ  
Unique Identification Authority of India

સરનામું :  
ઈ - 301, ઇન્ફોસિટી ટાઉનશિપ, ઘૂ પાસે- 0 સર્કલ,  
ઈન્ફોસિટી, ગાંધીનગર, ગુજરાત,  
ગુજરાત - 382007

Address:  
E - 301, Infocity Township, Near Gh - 0  
Circle, Infocity, Gandhinagar,  
Gandhinagar,  
Gujarat - 382007



8272 9430 6533  
VID : 9147 7339 8066 7533

મારો આધાર, મારી ઓળખ

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	MRS. WAJPE AADITI AMIT
EC NO.	108598
DESIGNATION	V-CIP CELL
PLACE OF WORK	GANDHINAGAR,GIFT CITY,NATIONAL
BIRTHDATE	17-09-1979
PROPOSED DATE OF HEALTH CHECKUP	09-07-2022
BOOKING REFERENCE NO.	22S108598100021466E

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 **06-07-2022** till **31-03-2023** The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

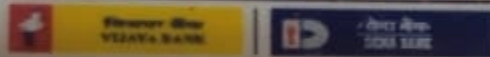
We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager  
HRM Department  
Bank of Baroda

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



नाम आदिति अमित वाजपे  
Name AADITI AMIT WAJPE

कर्मचारी कूट क्र.  
E.C. No. 108598



A handwritten signature in black ink, appearing to be 'ए. व. वाजपे'.

जारीकर्ता प्राधिकारी  
Issuing Authority

A handwritten signature in black ink, appearing to be 'Aaditi Wajpe'.

धारक के हस्ताक्षर  
Signature of Holder

10-30

(96)

VAD

50

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**

<b>UHID:</b>	<b>Date:</b> 9/7/22	<b>Time:</b>
<b>Patient Name:</b> Adhikari	<b>Age /Sex:</b> 42	<b>Height:</b>
	<b>Weight:</b>	
<b>History:</b> c 10 Rufus ch... D.V. < G10 G10 N.D. + 2.00		
<b>Allergy History:</b>		
<b>Nutritional Screening:</b> Well-Nourished / Malnourished / Obese		
<b>Examination:</b>		
<b>Diagnosis:</b>		

Rx

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

Eye examination:

	RIGHT			LEFT		
	S	C	A	S	C	A
D						
N	+3.00	-	-	+3.00	-	-

Other Advice:

Follow-up:

Consultant's Sign:

**DR. JIGISHA VADODARIYA**  
**M.D., IDCCM.**  
**CRITICAL CARE MEDICINE**  
**R.NO.G-27131**

UHID:		Date: 9/7/2022	Time: 3-45 pm								
Patient Name: Aditi waje		Height:	Weight:								
Age / Sex: 42 / F	LMP:										
<b>History:</b>											
<b>Medical History:</b> No. ✓ _____ HTN _____ COPD _____ CKD _____ Hypothyroidism _____ CAD _____		<b>Surgical History:</b>  NO.	<b>C/C/O:</b> came for healthy checkup.								
<b>Allergy History:</b> Ataxacin		<b>Addiction:</b>									
<b>Nutritional Screening:</b> Well-Nourished / Malnourished / Obese											
<b>Examination:</b> RS: BLAE (+)		CNS:	General:								
CVS: S1S2 (+)		PA:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Temp</td> <td>—</td> </tr> <tr> <td>Pulse</td> <td>80/min</td> </tr> <tr> <td>BP</td> <td>110/70</td> </tr> <tr> <td>SPO2</td> <td>98%</td> </tr> </table>	Temp	—	Pulse	80/min	BP	110/70	SPO2	98%
Temp	—										
Pulse	80/min										
BP	110/70										
SPO2	98%										
<b>Provisional Diagnosis:</b>											

- USG - Bulky - subcentimeter sized fibroids



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www.aashkahospitals.in  
CIN: L85110GJ2012PLC072647



**DR.UNNATI SHAH**  
**B.D.S. (DENTAL SURGEON)**  
**REG. NO. A-7742**  
**MO.NO- 9904596691**

<b>UHID:</b>	<b>Date:</b> 9 / 7 / 20	<b>Time:</b>
<b>Patient Name:</b> Ashi ti Wajre	<b>Age / Sex:</b> 40 / F	<b>Height:</b>
		<b>Weight:</b>
<b>History:</b>		
<b>Examination:</b> normal.		
<b>Diagnosis:</b>		





Name: Aaditi A Wajpe Age: 42 Yr. 9/7/22

Complaints:

Routine.

No of deliveries: 2 Both C.S. 8 yrs.  
Last Delivery: 2 yrs. 2 yrs.

History of abortion:

H/O medical conditions associated:

2 Abortions - Abort  
— 2 1/2 MA - Pills 3 yrs  
Last abortions: — 3 MA - vaginal 6 yrs ago.

DM	<input type="checkbox"/>
HTN	<input type="checkbox"/>
Thyroid	<input type="checkbox"/>

MH: ref. Reg: 3/30 Pain - Minimal.  
LMP: 20.6.22.

P/A: CS Sect + ASDSM

P/S: no history of TB, RT lateral Wp

P/V: WAV, NS, M, FR

Breen

Sample:-

Vagina	<input type="checkbox"/>
Cervix	<input checked="" type="checkbox"/>

Doctors Sign:- [Signature]

9/7/22. 11Am.

**PATIENT NAME:AADITI AMIT WAJPE**

**GENDER/AGE:Female / 42 Years**

**DATE:09/07/22**

**DOCTOR:DR.HASIT JOSHI**

**OPDNO:OSP28201**

**2D-ECHO**

<b>MITRAL VALVE</b>	<b>: NORMAL</b>	
<b>AORTIC VALVE</b>	<b>: NORMAL</b>	
<b>TRICUSPID VALVE</b>	<b>: NORMAL</b>	
<b>PULMONARY VALVE</b>	<b>: NORMAL</b>	
<b>AORTA</b>	<b>: 29mm</b>	
<b>LEFT ATRIUM</b>	<b>: 27mm</b>	
<b>LV Dd / Ds</b>	<b>: 33/21mm</b>	<b>EF 67%</b>
<b>IVS / LVPW / D</b>	<b>: 8/8mm</b>	
<b>IVS</b>	<b>: INTACT</b>	
<b>IAS</b>	<b>: FLOPPY</b>	
<b>RA</b>	<b>: NORMAL</b>	
<b>RV</b>	<b>: NORMAL</b>	
<b>PA</b>	<b>: NORMAL</b>	
<b>PERICARDIUM</b>	<b>: NORMAL</b>	
<b>VEL</b>	<b>: PEAK</b>	<b>MEAN</b>
<b>M/S</b>	<b>: Gradient mm Hg</b>	<b>Gradient mm Hg</b>
<b>MITRAL</b>	<b>: 0.9/0.6m/s</b>	
<b>AORTIC</b>	<b>: 1.38m/s</b>	
<b>PULMONARY</b>	<b>: 0.96m/s</b>	
<b>COLOUR DOPPLER</b>	<b>: MILD TR, MILD MR</b>	
<b>RVSP</b>	<b>: 35mmHg</b>	
<b>CONCLUSION</b>	<b>: NORMAL LV SIZE / SYSTOLIC FUNCTION; MILD MR; MILD TR, MILD PAH.</b>	



**CARDIOLOGIST**  
**DR.HASIT JOSHI (9825012235)**



**LABORATORY REPORT**



Name : AADITI AMIT WAJPE      Sex/Age : Female/ 43 Years      H.ID : C2106133      Case ID : 20702200247  
Ref By : HOSPITAL,      Dis. Loc. :      Pt ID : 2159626  
Bill. Loc. : Aashka hospital      Pt. Loc. :

Registration Date & Time : 09-Jul-2022 08:55	Sample Type : PAP Smear	Ph # :
Sample Date & Time : 09-Jul-2022 11:44	Sample Coll. By :	Ref Id : OSP28200
Report Date & Time : 10-Jul-2022 10:31	Acc. Remarks :	Ref Id2 : O22232422

**Cytopathology Report**

**Specimen :**

PAP smear for cytology (LBC PAP)

**Clinical Details :**

LMP:20-6-22, cervix: healthy

**Macroscopic Examination :**

Received one container with 20 ml LBC fixative and brush. One smear prepared.

Smear - 1 [PAP]

**Microscopic Examination :**

See below in diagnosis

**Impression :**

**The Bethesda System (TBS 2014) (LBC Pap)**

**Specimen type:** LBC Pap smear.

**Specimen adequacy:** Satisfactory for evaluation

**Transformation zone elements:** Not present

**Infection associated changes:** Trichomonas or Monilia are not seen.

**Reactive cellular changes:** Nil

**Epithelial cell abnormality:** Nil

**Other cells:** Nil

**Interpretation/result:** Negative for intraepithelial lesion or malignancy.

Pap test is a screening test for cervical cancer with inherent false negative results.

**Grossing By : Dr. Shraddha Mehta**

# 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.

*Shraddha*

Page 1 of 2

**Dr. Shraddha Mehta**  
M.D., D.N.B. G-22635

**Dr. Bhavna Mehta**  
M.D. (P.D.C.C) G-56686  
(Histo & Renal pathologist)

**Printed On : 10-Jul-2022 12:32**



LABORATORY REPORT



Name : AADITI AMIT WAJPE	Sex/Age : Female/ 43 Years	H.ID : C2106133	Case ID : 20702200247
Ref By : HOSPITAL,	Dis.Loc. :		Pt ID : 2159626
Bill. Loc. : Aashka hospital			Pt. Loc. :
Registration Date & Time : 09-Jul-2022 08:55	Sample Type : PAP Smear		Ph # :
Sample Date & Time : 09-Jul-2022 11:44	Sample Coll. By :		Ref Id : OSP28200
Report Date & Time : 10-Jul-2022 10:31	Acc. Remarks :		Ref Id2 : O22232422

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

Grossing By : Dr. Shraddha Mehta

# 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.

*Shraddha*

Page 2 of 2

Dr. Shraddha Mehta  
M.D., D.N.B. G-22635

Dr. Bhavna Mehta  
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(Histo & Renal pathologist)

Printed On : 10-Jul-2022 12:32

LABORATORY REPORT



Name : **AADITI AMIT WAJPE** Sex/Age : **Female/ 43 Years** Case ID : **20702200247**  
 Ref.By : **HOSPITAL,** Dis. At : Pt. ID : **2159626**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 09-Jul-2022 08:55 Sample Type : Whole Blood EDTA Mobile No :  
 Sample Date and Time : 09-Jul-2022 08:55 Sample Coll. By : Ref Id1 : OSP28200  
 Report Date and Time : 09-Jul-2022 09:10 Acc. Remarks : Normal Ref Id2 : O22232422

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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**HAEMOGRAM REPORT**

HB AND INDICES

Haemoglobin (Colorimetric)	13.8	G%	12.00 - 15.00
RBC (Electrical Impedance)	4.67	millions/cumm	3.80 - 4.80
PCV(Calc)	41.84	%	36.00 - 46.00
MCV (RBC histogram)	89.6	fL	83.00 - 101.00
MCH (Calc)	29.6	pg	27.00 - 32.00
MCHC (Calc)	33.0	gm/dL	31.50 - 34.50
RDW (RBC histogram)	13.70	%	11.00 - 16.00

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

Total WBC Count	6620	/ $\mu$ L	4000.00 - 10000.00
	[ % ]	EXPECTED VALUES	[ Abs ]
Neutrophil	48.0	% 40.00 - 70.00	3178 / $\mu$ L 2000.00 - 7000.00
Lymphocyte	H 43.0	% 20.00 - 40.00	2847 / $\mu$ L 1000.00 - 3000.00
Eosinophil	4.0	% 1.00 - 6.00	265 / $\mu$ L 20.00 - 500.00
Monocytes	4.0	% 2.00 - 10.00	265 / $\mu$ L 200.00 - 1000.00
Basophil	1.0	% 0.00 - 2.00	66 / $\mu$ L 0.00 - 100.00


PLATELET COUNT (Optical)

Platelet Count	215000	/ $\mu$ L	150000.00 - 410000.00
Neutrophil to Lymphocyte Ratio (NLR)	1.12		0.78 - 3.53

SMEAR STUDY

RBC Morphology	Normocytic Normochromic RBCs.
WBC Morphology	Lymphocytosis.
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. Manoj Shah  
 M.D. (Path. & Bact.)

Dr. Shreya Shah  
 M.D. (Pathologist)

Page 1 of 13

Printed On : 09-Jul-2022 15:15

LABORATORY REPORT



Name : AADITI AMIT WAJPE	Sex/Age : Female/ 43 Years	Case ID : 20702200247
Ref.By : HOSPITAL,	Dis. At :	Pt. ID : 2159626
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 09-Jul-2022 08:55	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 09-Jul-2022 08:55	Sample Coll. By :	Ref Id1 : OSP28200
Report Date and Time : 09-Jul-2022 09:10	Acc. Remarks : Normal	Ref Id2 : O22232422

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

*Shah*

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

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

Page 2 of 13

Printed On : 09-Jul-2022 15:15

LABORATORY REPORT



Name : **AADITI AMIT WAJPE** Sex/Age : **Female/ 43 Years** Case ID : **20702200247**  
Ref.By : HOSPITAL, Dis. At : Pt. ID : 2159626  
Bill. Loc. : Aashka hospital Pt. Loc :

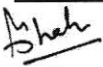
Reg Date and Time : 09-Jul-2022 08:55	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 09-Jul-2022 08:55	Sample Coll. By :	Ref Id1 : OSP28200
Report Date and Time : 09-Jul-2022 11:22	Acc. Remarks : Normal	Ref Id2 : O22232422

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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**HAEMATOLOGY INVESTIGATIONS**

ESR	05	mm after 1hr	3 - 20	
-----	----	--------------	--------	--

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

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

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

Page 3 of 13

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LABORATORY REPORT



Name : **AADITI AMIT WAJPE** Sex/Age : **Female/ 43 Years** Case ID : **20702200247**  
Ref.By : **HOSPITAL,** Dis. At : Pt. ID : **2159626**  
Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 09-Jul-2022 08:55	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 09-Jul-2022 08:55	Sample Coll. By :	Ref Id1 : OSP28200
Report Date and Time : 09-Jul-2022 09:33	Acc. Remarks : Normal	Ref Id2 : O22232422

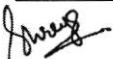
TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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**HAEMATOLOGY INVESTIGATIONS**

**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)

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

Page 4 of 13

Printed On : 09-Jul-2022 15:15



LABORATORY REPORT



Name : **AADITI AMIT WAJPE** Sex/Age : **Female/ 43 Years** Case ID : **20702200247**  
 Ref.By : **HOSPITAL,** Dis. At : Pt. ID : **2159626**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 09-Jul-2022 08:55	Sample Type : Spot Urine	Mobile No :
Sample Date and Time : 09-Jul-2022 08:55	Sample Coll. By :	Ref Id1 : OSP28200
Report Date and Time : 09-Jul-2022 09:50	Acc. Remarks : Normal	Ref Id2 : O22232422

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

Physical examination

Colour **Pale yellow**  
 Transparency **Clear**

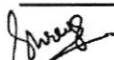
Chemical Examination By Sysmex UC-3500

Sp.Gravity	1.015		1.005 - 1.030
pH	6.50		5 - 8
Leucocytes (ESTERASE)	Trace		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	1-2	/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	Negative		Negative

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



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

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

LABORATORY REPORT



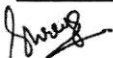
Name : **AADITI AMIT WAJPE** Sex/Age : **Female/ 43 Years** Case ID : **20702200247**  
 Ref.By : **HOSPITAL,** Dis. At : Pt. ID : **2159626**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 09-Jul-2022 08:55 Sample Type : Spot Urine Mobile No :  
 Sample Date and Time : 09-Jul-2022 08:55 Sample Coll. By : Ref Id1 : OSP28200  
 Report Date and Time : 09-Jul-2022 09:50 Acc. Remarks : Normal Ref Id2 : O22232422

Parameter	Unit	Expected value	Result/Notations				
			Trace	+	++	+++	++++
pH	-	4.8-7.4					
SG	-	1.016-1.022					
Protein	mg/dL	Negative (<10)	10	25	75	150	50
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-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)



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

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

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LABORATORY REPORT



Name : **AADITI AMIT WAJPE** Sex/Age : **Female/ 43 Years** Case ID : **20702200247**  
Ref.By : HOSPITAL, Dis. At : Pt. ID : 2159626  
Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 09-Jul-2022 08:55 Sample Type : Plasma Fluoride F, Plasma Fluoride PP Mobile No :  
Sample Date and Time : 09-Jul-2022 08:55 Sample Coll. By : Ref Id1 : OSP28200  
Report Date and Time : 09-Jul-2022 14:17 Acc. Remarks : Normal Ref Id2 : O22232422  
TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS


**BIOCHEMICAL INVESTIGATIONS**

**Biochemical Investigations by Dimension EXL (Siemens)**

Plasma Glucose - F	100	mg/dL	70.0 - 100
Plasma Glucose - PP	112	mg/dL	70.0 - 140.0

Reference range has been changed as per recent guidelines of ISPAD 2018.  
<100 mg/dL : Normal level  
100-<126 mg/dL: Impaired fasting glucoseer guidelines  
≥126 mg/dL: Probability of Diabetes, Confirm as per guidelines

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



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M.D. (Path. & Bact.)

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M.D. (Pathologist)

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LABORATORY REPORT



Name : AADITI AMIT WAJPE Sex/Age : Female/ 43 Years Case ID : 20702200247  
 Ref.By : HOSPITAL, Dis. At : Pt. ID : 2159626  
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 09-Jul-2022 08:55 Sample Type : Serum Mobile No :  
 Sample Date and Time : 09-Jul-2022 08:55 Sample Coll. By : Ref Id1 : OSP28200  
 Report Date and Time : 09-Jul-2022 12:04 Acc. Remarks : Normal Ref Id2 : O22232422

TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

BIOCHEMICAL INVESTIGATIONS

Lipid Profile

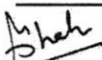
Cholesterol	135.62	mg/dL	110 - 200
HDL Cholesterol	L 44.27	mg/dL	48 - 77
Triglyceride	60.55	mg/dL	40 - 200
VLDL Calculated	12.11	mg/dL	10 - 40
Chol/HDL Calculated	3.06		0 - 4.1
LDL Cholesterol (Direct) CALC	96.84	mg/dL	65 - 100

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
High 160-189	-	-	-

- LDL Cholesterol level is primary goal for treatment and varies with risk category and assesment
- For LDL Cholesterol level Please consider direct LDL value  
 Risk assesment from HDL and Triglyceride has been revised. Also LDL goals have changed.
- Detail test interpretation available from the lab
- All tests are done according to NCEP guidelines and with FDA approved kits.
- LDL Cholesterol level is primary goal for treatment and varies with risk category and assesment

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



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

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 M.D. (Pathologist)

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LABORATORY REPORT



Name : AADITI AMIT WAJPE Sex/Age : Female/ 43 Years Case ID : 20702200247  
Ref.By : HOSPITAL, Dis. At : Pt. ID : 2159626  
Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 09-Jul-2022 08:55 Sample Type : Serum Mobile No :  
Sample Date and Time : 09-Jul-2022 08:55 Sample Coll. By : Ref Id1 : OSP28200  
Report Date and Time : 09-Jul-2022 12:05 Acc. Remarks : Normal Ref Id2 : O22232422

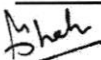
TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

BIOCHEMICAL INVESTIGATIONS

Liver Function Test

S.G.P.T.		12.85	U/L	0 - 31
S.G.O.T.	L	14.05	U/L	15 - 37
Alkaline Phosphatase		68.00	U/L	35 - 105
Gamma Glutamyl Transferase	L	4.27	U/L	5 - 36
Proteins (Total)		6.91	gm/dL	6.4 - 8.2
Albumin		4.40	gm/dL	3.4 - 5
Globulin <i>Calculated</i>		2.51	gm/dL	2 - 4.1
A/G Ratio <i>Calculated</i>		1.8		1.0 - 2.1
Bilirubin Total	L	0.16	mg/dL	0.2 - 1.0
Bilirubin Conjugated		0.05	mg/dL	
Bilirubin Unconjugated <i>Calculated</i>		0.11	mg/dL	0 - 0.8

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



Dr. Manoj Shah  
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LABORATORY REPORT



Name : AADITI AMIT WAJPE Sex/Age : Female/ 43 Years Case ID : 20702200247  
Ref.By : HOSPITAL, Dis. At : Pt. ID : 2159626  
Bill. Loc. : Aashka hospital Pt. Loc. :

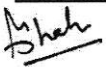
Reg Date and Time : 09-Jul-2022 08:55	Sample Type : Serum	Mobile No :
Sample Date and Time : 09-Jul-2022 08:55	Sample Coll. By :	Ref Id1 : OSP28200
Report Date and Time : 09-Jul-2022 12:05	Acc. Remarks : Normal	Ref Id2 : O22232422

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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**BIOCHEMICAL INVESTIGATIONS**

BUN (Blood Urea Nitrogen) <small>GLDH</small>	6.50	mg/dL	6.00 - 20.00	
Creatinine	0.70	mg/dL	0.50 - 1.50	
Uric Acid	3.27	mg/dL	2.6 - 6.2	

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



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M.D. (Path. & Bact.)

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LABORATORY REPORT



Name : AADITI AMIT WAJPE Sex/Age : Female/ 43 Years Case ID : 20702200247  
 Ref.By : HOSPITAL, Dis. At : Pt. ID : 2159626  
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 09-Jul-2022 08:55	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 09-Jul-2022 08:55	Sample Coll. By :	Ref Id1 : OSP28200
Report Date and Time : 09-Jul-2022 10:57	Acc. Remarks : Normal	Ref Id2 : O22232422

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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**BIOCHEMICAL INVESTIGATIONS**

**Glycated Haemoglobin Estimation**

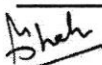
<b>HbA1C</b>	<b>5.14</b>		% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes
<b>Avg. PI Glucose (Last 3 Months)</b> <i>Calculated</i>	<b>100.82</b>	mg/dL		80.00 - 140.00

Please Note change in reference range as per ADA 2021 guidelines.

**Interpretation :**

HbA1C level reflects the mean glucose concentration over previous 8-12 weeks and provides better indication of long term glycemic control.  
 Levels of HbA1C may be low as result of shortened RBC life span in case of hemolytic anemia.  
 Increased HbA1C values may be found in patients with polycythemia or post splenectomy patients.  
 Patients with Homozygous forms of rare variant Hb(CC,SS,EE,SC) HbA1c can not be quantitated as there is no HbA.  
 In such circumstances glycemic control can be monitored using plasma glucose levels or serum Fructosamine.  
 The A1c target should be individualized based on numerous factors, such as age, life expectancy, comorbid conditions, duration of diabetes, risk of hypoglycemia or adverse consequences from hypoglycemia, patient motivation and adherence.

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



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LABORATORY REPORT



Name : **AADITI AMIT WAJPE** Sex/Age : **Female/ 43 Years** Case ID : **20702200247**  
 Ref.By : **HOSPITAL,** Dis. At : Pt. ID : **2159626**  
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : 09-Jul-2022 08:55 Sample Type : Serum Mobile No :  
 Sample Date and Time : 09-Jul-2022 08:55 Sample Coll. By : Ref Id1 : OSP28200  
 Report Date and Time : 09-Jul-2022 10:00 Acc. Remarks : Normal Ref Id2 : O22232422

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	TEST REMARK
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**Thyroid Function Test**

Triiodothyronine (T3)	111.24	ng/dL	70 - 204	
Thyroxine (T4) CMI/A	H 12.1	ng/dL	5.5 - 11.0	
TSH CMI/A	2.5675	µIU/mL	0.4 - 4.2	

**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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 M.D. (Path. & Bact.)

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 M.D. (Pathologist)

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LABORATORY REPORT

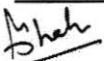


Name : AADITI AMIT WAJPE	Sex/Age : Female/ 43 Years	Case ID : 20702200247
Ref.By : HOSPITAL,	Dis. At :	Pt. ID : 2159626
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 09-Jul-2022 08:55	Sample Type : Serum	Mobile No :
Sample Date and Time : 09-Jul-2022 08:55	Sample Coll. By :	Ref Id1 : OSP28200
Report Date and Time : 09-Jul-2022 10:00	Acc. Remarks : Normal	Ref Id2 : O22232422

----- 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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M.D. (Path. & Bact.)

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M.D. (Pathologist)

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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



**PATIENT NAME:AADITI AMIT WAJPE**

**GENDER/AGE:Female / 42 Years**

**DATE:09/07/22**

**DOCTOR:**

**OPDNO:OSP28201**

**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:AADITI AMIT WAJPE**

**GENDER/AGE:Female / 42 Years**

**DATE:09/07/22**

**DOCTOR:**

**OPDNO:OSP28201**

## BILATERAL MAMMOGRAM

Dedicated digital mammography with Craniocaudal and medio lateral oblique view was performed.

Fibrofatty and glandular parenchyma is noted on either side. No definite evidence of mass, abnormal microcalcification or architectural distortion is seen. No evidence of skin thickening or nipple retraction is seen. Soft opacity seen in left axilla is due to enlarged axillary node.

**COMMENT: Normal mammography of breast on either side (BIRADS - Category - I).**

### BIRADS Categories:

- 0 Need imaging evaluation.
- I Negative.
- II Benign finding.
- III Probably benign finding.
- IV Suspicious abnormality.
- V Highly suggestive of malignancy.
- VI Biopsy proven malignancy.

The false negative mammography is approximately 10%. Management of a palpable abnormality must be based upon clinical grounds.

### Screening mammogram:

Women with no symptoms

AGE: 35-39: Baseline study.

AGE: 40-49: Every 1-2 years

AGE: 50 and above: Every year

  
**DR. SNEHAL PRAJAPATI**  
CONSULTANT RADIOLOGIST

**PATIENT NAME:AADITI AMIT WAJPE**

**GENDER/AGE:Female / 42 Years**

**DATE:09/07/22**

**DOCTOR:**

**OPDNO:OSP28201**

**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 radicals 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 9.3 x 4.2 cms in size.  
Left kidney measures about 9.1 x 3.9 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 160 cc.

**UTERUS:** Uterus is anteverted and appears bulky (96 x 52 mm). Few sub centimeter sized fibroids are seen in fundal region and posterior wall. Endometrial and myometrial echoes appear normal. Endometrial thickness measures about 8 mm. No evidence of uterine mass lesion is seen.

**OVARIES:** Both ovaries appear normal in size, shape and position. No evidence of solid or cystic ovarian mass lesion is seen. No other pelvic mass lesion is seen. No evidence of free fluid in cul-de-sac is seen.

**COMMENT:** Bulky uterus with subcentimeter sized fibroids.

Fecal loaded large bowel loops seen.

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

  
DR. SNEHAL PRAJAPATI  
CONSULTANT RADIOLOGIST

09.07.2022 10:59:15 AM  
AASHKA HOSPITAL LTD.  
SARGASAN  
GANDHINAGAR

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

Room:

77 bpm  
-- / -- mmHg

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 72 ms Normal sinus rhythm  
QT / QTcBaz : 362 / 409 ms Normal ECG  
PR : 128 ms  
P : 98 ms  
RR / PP : 782 / 779 ms  
P / QRS / T : 56 / 61 / 39 degrees

