



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. KONA SRINU BABU
EC NO.	169406
DESIGNATION	V-CIP CELL
PLACE OF WORK	GANDHINAGAR,GIFT CITY,NATIONAL
BIRTHDATE	01-09-1989
PROPOSED DATE OF HEALTH CHECKUP	25-02-2023
BOOKING REFERENCE NO.	22M169406100041758E

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 **12-02-2023** 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))



Mediwheel 7 days ago

to me, mediwheelwellness ✓

**Mediwheel**  
...Your wellness partner

011-41195959

Email:wellness@mediwheel.in

Dear MR. KONA SRINU BABU,

Please find the confirmation for following request.

**Booking Date** : 12-02-2023

**Package Name** : Medi-Wheel Metro Full Body Health  
Checkup Male Below 40

**Name of Diagnostic/Hospital** : Aashka Multispeciality Hospital

**Address of Diagnostic/Hospital** : Between Sargasan & Reliance Cross Road

**Contact Details** : 9879752777/7577500900

**City** : Gandhi Nagar

**State** : Gujarat

**Pincode** : 382315

**Appointment Date** : 25-02-2023

**Confirmation Status** : Confirmed

**Preferred Time** : 8:00am-8:30am

**Comment** : APPOINTMENT TIME 8:00AM

**Instructions to undergo Health Check:**

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
3. Bring urine sample in a container if possible (containers are available at the Health Check centre)



Aashka Hospitals Ltd.  
Between Sargasan and Reliance Cross Roads  
Sargasan, Gandhinagar - 382421. Gujarat, India  
Phone: 079 29750750, +91-7575006000 / 9000  
Emergency No.: +91-7575007707 / 9879752777  
www.aashkahospitals.in  
CIN: L85110GJ2012PLC072647



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

UHID:	Date:	Time:
Patient Name: Shrimy baby Rome	Age /Sex: 33 / M	Height:
	Weight:	
History: As - Routine check up.		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination:  619 <u>619</u> EOL		
Diagnosis:		



DR. PRAKASH D MAKWANA  
 M.D.  
 REG.NO.G-29078  
 MO.NO-9722116164

UHID:		Date: 23/4/20	Time: 5:25 PM
Patient Name: SAGIYA		Height:	
Age / Sex: 32 Y / F	LMP:	Weight:	
History:			
C/C/O: PAIN IN HEART CH		History: 21 NO	
Allergy History: NONE		Addiction:	
Nutritional Screening: Well-Nourished / Malnourished / Obese			
Vitals & Examination:			
Temperature:			
Pulse: 74			
BP: 120/90 MM.			
SPO2: 94%			
Provisional Diagnosis:			



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CIN: L85110GJ2012PLC072647



**aashka**  
HOSPITAL



For. Stunni Babu Kaur

25/2/23  
33/12

ck. Routine check ups

0/2 Stunt  
Calm +

Body carrier 8/8

At- Salary

Estm 8/8

Sybil  
Dr. Suresh Amin

A-12942

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CIN: L85110GJ2012PLC072647



**PATIENT NAME:SRINU BABU KONA**

**GENDER/AGE:Male / 33 Years**

**DATE:25/02/23**

**DOCTOR:**

**OPDNO:O0223213**

**X-RAY CHEST PA**

Both lung fields appear clear

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.

**Impression: Normal Chest X ray examination**

**RADIOLOGIST**

**DR.MEHUL PATELIYA**



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**PATIENT NAME:SRINU BABU KONA**

**GENDER/AGE:Male / 33 Years**

**DATE:25/02/23**

**DOCTOR:**

**OPDNO:O0223213**

**SONOGRAPHY OF ABDOMEN AND PELVIS**

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

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

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

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

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

Right kidney measures about 10.1 x 4.6 cms in size.

Left kidney measures about 10.6 x 4.8 cms in size.

No evidence of suprarenal mass lesion is seen on either side.

Aorta, IVC and para aortic region appears normal.

No evidence of ascites is seen.

**BLADDER:** Bladder is normally distended and appears normal. No evidence of bladder calculus, diverticulum or mass lesion is seen.

**PROSTATE:** Prostate appears normal in size and shows normal parenchymal echoes. No evidence of pathological calcification or solid or cystic mass lesion is seen.

Prostate volume measures about 14 cc.

**COMMENT:** Normal sonographic appearance of liver, GB; Pancreas, spleen, kidneys, para-aortic region, bladder and prostate.

**RADIOLOGIST**

**DR.MEHUL PATELIYA**

**PATIENT NAME:SRINU BABU KONA**

**GENDER/AGE:Male / 33 Years**

**DATE:25/02/23**

**DOCTOR:**

**OPDNO:O0223213**

**2D-ECHO**

MITRAL VALVE	: NORMAL		
AORTIC VALVE	: NORMAL		
TRICUSPID VALVE	: NORMAL		
PULMONARY VALVE	: NORMAL		
AORTA	: 32mm		
LEFT ATRIUM	: 33mm		
LV Dd / Ds	: 40/25 m/s		EF-60%
IVS / LVPW / D	: 11/10 m/s		
IVS	: INTACT		
IAS	: INTACT		
RA	: INTACT		
RV	: NORMAL		
PA	: NORMAL		
PERICARDIUM	: NORMAL		
VEL	: PEAK		MEAN
M/S	: Gradient mm Hg		Gradient mm Hg
MITRAL	: 1/0.7 m/s		
AORTIC	: 1.2 m/s		
PULMONARY	: 0.9 m/s		
COLOUR DOPPLER	: NO MR/AR/TR		
RVSP	:		
CONCLUSION	: NORMAL LV SIZE/SYSTOLIC FUNCTION		

  
CARDIOLOGIST

DR.HASIT JOSHI (9825012235)



## LABORATORY REPORT



Name : SRINU BABU KONA	Sex/Age : Male / 34 Years	Case ID : 30202200586
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2580175
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 25-Feb-2023 08:32	Sample Type :	Mobile No :
Sample Date and Time : 25-Feb-2023 08:32	Sample Coll. By :	Ref Id1 : O0223213
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 : 022239301

### Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
<b>Lipid Profile</b>			
HDL Cholesterol	32.0	mg/dL	48 - 77
Chol/HDL	6.19		0 - 4.1
LDL Cholesterol	130.91	mg/dL	65 - 100
<b>Liver Function Test</b>			
Proteins (Total)	8.37	gm/dL	6.4 - 8.2
ESR	72	mm after 1hr	3 - 15

Abnormal Result(s) Summary End

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

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## LABORATORY REPORT



Name : **SRINU BABU KONA** Sex/Age : **Male / 34 Years** Case ID : **30202200586**  
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **2580175**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **25-Feb-2023 08:32** Sample Type : **Whole Blood EDTA** Mobile No :  
 Sample Date and Time : **25-Feb-2023 08:32** Sample Coll. By : Ref Id1 : **O0223213**  
 Report Date and Time : **25-Feb-2023 09:01** Acc. Remarks : **Normal** Ref Id2 : **022239301**

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

#### HB AND INDICES

Haemoglobin (Colorimetric)	15.4	G%	13.00 - 17.00
RBC (Electrical Impedance)	5.39	millions/cumm	4.50 - 5.50
PCV(Calc)	46.79	%	40.00 - 50.00
MCV (RBC histogram)	86.8	fL	83.00 - 101.00
MCH (Calc)	28.6	pg	27.00 - 32.00
MCHC (Calc)	32.9	gm/dL	31.50 - 34.50
RDW (RBC histogram)	12.80	%	11.00 - 16.00

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

		UNIT	EXPECTED VALUES	[ Abs ]	EXPECTED VALUES
Total WBC Count	6250	/μL	4000.00 - 10000.00		
Neutrophil	70.0	%	40.00 - 70.00	4375	/μL 2000.00 - 7000.00
Lymphocyte	24.0	%	20.00 - 40.00	1500	/μL 1000.00 - 3000.00
Eosinophil	2.0	%	1.00 - 6.00	125	/μL 20.00 - 500.00
Monocytes	4.0	%	2.00 - 10.00	250	/μL 200.00 - 1000.00
Basophil	0.0	%	0.00 - 2.00	0	/μL 0.00 - 100.00

#### PLATELET COUNT (Optical)

Platelet Count	262000	/μL	150000.00 - 410000.00
Neutrophil to Lymphocyte Ratio (NLR)	2.92		0.78 - 3.53

#### SMEAR STUDY

RBC Morphology	Normocytic Normochromic RBCs.
WBC Morphology	Total WBC count within normal limits.
Platelet	Platelets are adequate in number.
Parasite	Malarial Parasite not seen on smear.

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

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

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

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## LABORATORY REPORT



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Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2580175
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 25-Feb-2023 08:32	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 25-Feb-2023 08:32	Sample Coll. By :	Ref Id1 : O0223213
Report Date and Time : 25-Feb-2023 09:01	Acc. Remarks : Normal	Ref Id2 : 022239301

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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Ref.By : **HOSPITAL** Dis. At : Pt. ID : **2580175**  
Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 25-Feb-2023 08:32	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 25-Feb-2023 08:32	Sample Coll. By :	Ref Id1 : O0223213
Report Date and Time : 25-Feb-2023 10:30	Acc. Remarks : Normal	Ref Id2 : 022239301

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR	H 72	mm after 1hr	3 - 15	

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)

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Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 25-Feb-2023 08:32	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 25-Feb-2023 08:32	Sample Coll. By :	Ref Id1 : 00223213
Report Date and Time : 25-Feb-2023 09:01	Acc. Remarks : Normal	Ref Id2 : 022239301

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	A
Rh Type	POSITIVE

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

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M.D. (Pathologist)

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M.D. (Path. & Bact.)

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## LABORATORY REPORT



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 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **2580175**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 25-Feb-2023 08:32	Sample Type : Spot Urine	Mobile No :
Sample Date and Time : 25-Feb-2023 08:32	Sample Coll. By :	Ref Id1 : 00223213
Report Date and Time : 25-Feb-2023 09:11	Acc. Remarks : Normal	Ref Id2 : 022239301

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>URINE EXAMINATION (STRIP METHOD AND FLOWCYTOMETRY)</b>				

Physical examination

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

Chemical Examination By Sysmex UC-3500

Sp.Gravity	1.015		1.003 - 1.035
pH	6.5		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)

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

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## LABORATORY REPORT



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 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **2580175**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 25-Feb-2023 08:32 Sample Type : Spot Urine Mobile No :  
 Sample Date and Time : 25-Feb-2023 08:32 Sample Coll. By : Ref Id1 : 00223213  
 Report Date and Time : 25-Feb-2023 09:11 Acc. Remarks : Normal Ref Id2 : 022239301

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)

**Dr. Shreya Shah**  
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## LABORATORY REPORT



Name : **SRINU BABU KONA** Sex/Age : **Male / 34 Years** Case ID : **30202200586**  
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **2580175**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 25-Feb-2023 08:32	Sample Type : Plasma Fluoride F, Plasma Fluoride PP	Mobile No :
Sample Date and Time : 25-Feb-2023 08:32	Sample Coll. By :	Ref Id1 : 00223213
Report Date and Time : 25-Feb-2023 15:17	Acc. Remarks : Normal	Ref Id2 : 022239301
TEST	RESULTS UNIT BIOLOGICAL REF RANGE	REMARKS

### BIOCHEMICAL INVESTIGATIONS

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

Plasma Glucose - F	94.25	mg/dL	70.0 - 100
Plasma Glucose - PP	102	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)

*Shah*

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

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## LABORATORY REPORT



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 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **2580175**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 25-Feb-2023 08:32	Sample Type : Serum	Mobile No :
Sample Date and Time : 25-Feb-2023 08:32	Sample Coll. By :	Ref Id1 : 00223213
Report Date and Time : 25-Feb-2023 11:14	Acc. Remarks : Normal	Ref Id2 : 022239301

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

#### Lipid Profile

<b>Cholesterol</b>		<b>198.05</b>	mg/dL	110 - 200
<b>HDL Cholesterol</b>	L	<b>32.0</b>	mg/dL	48 - 77
<b>Triglyceride</b>		<b>175.69</b>	mg/dL	40 - 200
<b>VLDL</b> <i>Calculated</i>		<b>35.14</b>	mg/dL	10 - 40
<b>Chol/HDL</b> <i>Calculated</i>	H	<b>6.19</b>		0 - 4.1
<b>LDL Cholesterol</b> <i>Calculated</i>	H	<b>130.91</b>	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 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)

*Shah*

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

#### Liver Function Test

S.G.P.T.	31.21	U/L	0 - 41	
S.G.O.T.	22.56	U/L	15 - 37	
Alkaline Phosphatase	95.97	U/L	40 - 130	
Gamma Glutamyl Transferase	33.84	U/L	8 - 61	
Proteins (Total)	H 8.37	gm/dL	6.4 - 8.2	
Albumin	4.60	gm/dL	3.4 - 5	
Globulin <i>Calculated</i>	3.77	gm/dL	2 - 4.1	
A/G Ratio <i>Calculated</i>	1.2		1.0 - 2.1	
Bilirubin Total	0.54	mg/dL	0.2 - 1.0	
Bilirubin Conjugated	0.18	mg/dL		
Bilirubin Unconjugated <i>Calculated</i>	0.36	mg/dL	0 - 0.8	

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

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

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## LABORATORY REPORT



Name : **SRINU BABU KONA** Sex/Age : **Male / 34 Years** Case ID : **30202200586**  
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **2580175**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 25-Feb-2023 08:32	Sample Type : Serum	Mobile No :
Sample Date and Time : 25-Feb-2023 08:32	Sample Coll. By :	Ref Id1 : O0223213
Report Date and Time : 25-Feb-2023 11:17	Acc. Remarks : Normal	Ref Id2 : 022239301

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>BUN (Blood Urea Nitrogen)</b> <i>GLDH</i>	<b>9.1</b>	mg/dL	6.00 - 20.00	
<b>Creatinine</b>	<b>0.79</b>	mg/dL	0.50 - 1.50	
<b>Uric Acid</b>	<b>6.77</b>	mg/dL	3.5 - 7.2	

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

*Shah*

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

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LABORATORY REPORT



Name : SRINU BABU KONA      Sex/Age : Male / 34 Years      Case ID : 30202200586  
 Ref.By : HOSPITAL      Dis. At :      Pt. ID : 2580175  
 Bill. Loc. : Aashka hospital      Pt. Loc :

Reg Date and Time : 25-Feb-2023 08:32	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 25-Feb-2023 08:32	Sample Coll. By :	Ref Id1 : O0223213
Report Date and Time : 25-Feb-2023 09:23	Acc. Remarks : Normal	Ref Id2 : 022239301

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>Glycated Haemoglobin Estimation</b>				

<b>HbA1C</b>	<b>5.10</b>		% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes
<b>Estimated Avg Glucose (3 Mths)</b> <i>Calculated</i>	<b>99.67</b>		mg/dL	

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 : **SRINU BABU KONA** Sex/Age : **Male / 34 Years** Case ID : **30202200586**  
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **2580175**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 25-Feb-2023 08:32	Sample Type : Serum	Mobile No :
Sample Date and Time : 25-Feb-2023 08:32	Sample Coll. By :	Ref Id1 : O0223213
Report Date and Time : 25-Feb-2023 09:57	Acc. Remarks : Normal	Ref Id2 : 022239301

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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### Thyroid Function Test

Triiodothyronine (T3)	109.66	ng/dL	70 - 204	
Thyroxine (T4) <small>CMIA</small>	9.6	ng/dL	4.6 - 10.5	
TSH <small>CMIA</small>	3.202	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), 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)

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## LABORATORY REPORT



Name : SRINU BABU KONA      Sex/Age : Male / 34 Years      Case ID : 30202200586  
 Ref.By : HOSPITAL      Dis. At :      Pt. ID : 2580175  
 Bill. Loc. : Aashka hospital      Pt. Loc :

Reg Date and Time : 25-Feb-2023 08:32	Sample Type : Serum	Mobile No :
Sample Date and Time : 25-Feb-2023 08:32	Sample Coll. By :	Ref Id1 : O0223213
Report Date and Time : 25-Feb-2023 09:57	Acc. Remarks : Normal	Ref Id2 : 022239301

**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/↑	↓

----- 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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25.02.2023 9:52:14 AM  
AASHIKA HOSPITAL LTD.  
SARGASAN  
GANDHINAGAR

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

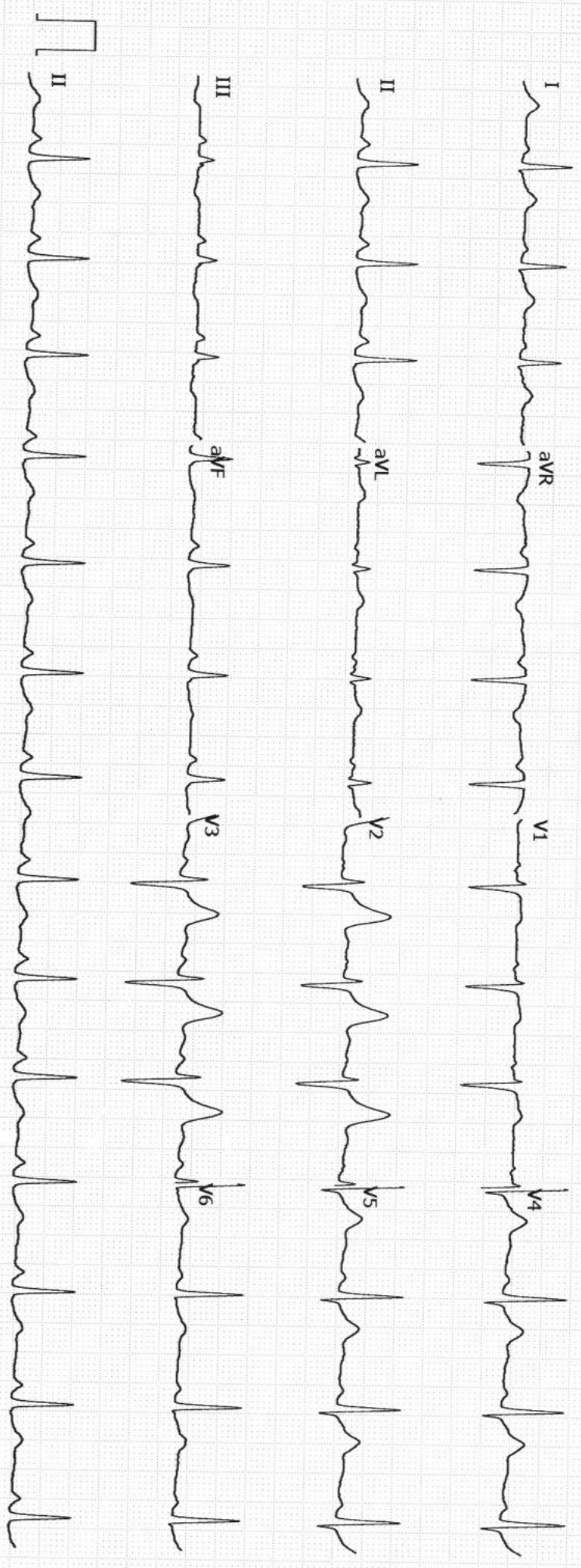
Room:

85 bpm  
-- / -- mmHg

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 82 ms  
QT / QTcBaz : 364 / 433 ms  
PR : 132 ms  
P : 96 ms  
RR / PP : 708 / 705 ms  
P / QRS / T : 63 / 49 / 20 degrees

Normal sinus rhythm  
Normal 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