



To,

The Coordinator,
Mediwheel (Arcotemi 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 spouse of our employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS OF HEALTH CHECK UP BENEFICIARY	
NAME	AMIT RAMWAJPE
DATE OF BIRTH	07-04-1980
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	09-07-2022
BOOKING REFERENCE NO.	22S108598100021468S
SPOUSE DETAILS	
EMPLOYEE NAME	MRS. WAJPE AADITI AMIT
EMPLOYEE EC NO.	108598
EMPLOYEE DESIGNATION	V-CIP CELL
EMPLOYEE PLACE OF WORK	GANDHINAGAR,GIFT CITY,NATIONAL
EMPLOYEE BIRTHDATE	17-09-1979

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's spouse and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager
HRM Department
Bank of Baroda

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

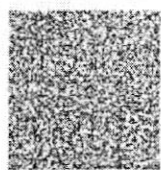


ભારત સરકાર
ભારત સરકાર
Unique Identification Authority of India
Government of India

To
શ્રીમતી રામ વાજુ
Amit Ram Wajue
E-301
Locality, Township
Sector 7
Gandhinagar
Gandhinagar Sector 7
Gandhinagar Gujarat - 382007
7359036664

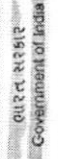


Download Date: 24/06/2019
Generation Date: 24/06/2019



તમારો આધાર નંબર / Your Aadhaar No. :
8316 0708 3854
VID : 9168 1076 8364 0739

મારો આધાર, મારી ઓળખ



શ્રીમતી રામ વાજુ
Amit Ram Wajue
Year of Birth (DOB): 07/04/1980
M/F: MALE



8316 0708 3854
VID : 9168 1076 8364 0739

મારો આધાર, મારી ઓળખ



સૂચના
■ આધાર ઓળખાણું પ્રમાણ છે, નાગરિકતાનું નહીં.
■ ઓળખાણું પ્રમાણ ઓનલાઇન ઓથેન્ટિકેશન દ્વારા પ્રાપ્ત કરો.
■ આ ઇલેક્ટ્રોનિક્સ પ્રમાણ દ્વારા બનાવેલો દસ્તાવેજ છે.

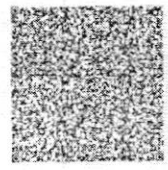
INFORMATION

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

■ આધાર ફક્ત ઓળખ માટે છે.
■ આધાર સત્યાપન માટે સરકારી અને બિન-સરકારી સેવાઓનો વ્યાપક મેળવવામાં ઉપયોગી થશે.
■ Aadhaar is valid throughout the country.
■ Aadhaar will be helpful in availing Government and Non-Government services in future.

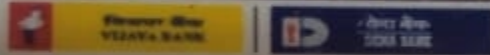


શ્રીમતી રામ વાજુ
Amit Ram Wajue
Year of Birth (DOB): 07/04/1980
M/F: MALE



Address:
E-301 Locality Township, Sector 2,
Gandhinagar, Gandhinagar,
Gujarat - 382007

8316 0708 3854
VID : 9168 1076 8364 0739



नाम आदिति अमित वाजपे
Name AADITI AMIT WAJPE

कर्मचारी कूट क्र.
E.C. No. 108598



जारीकर्ता प्राधिकारी
Issuing Authority

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

UHID:	Date: 9/7/22	Time:
Patient Name: Anilbhai	Age /Sex: 42	Height:
	Weight:	
History: e10 Refer chuga. ud. D. v/h L G16 G16 N.D.		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination:		
Diagnosis:		

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	2	2	2	2	2	2
N						

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: Anil Ram Wajpe		Height: _____	Weight: _____								
Age / Sex: 42/M	LMP: _____										
History:											
Medical History: M _____ HTN _____ COPD _____ CKD _____ Hypothyroidism _____ CAD _____ No.		Surgical History: o/d knee SA benign tumour. Others: _____	C/C/O: _____								
Allergy History: _____		Addiction: _____									
Nutritional Screening: Well-Nourished / Malnourished / Obese											
Examination: RS: _____ CNS: _____ General: _____ B LFT (+)			<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>Temp</td><td>_____</td></tr> <tr><td>Pulse</td><td>98/min</td></tr> <tr><td>BP</td><td>16/80</td></tr> <tr><td>SPO2</td><td>99%</td></tr> </table>	Temp	_____	Pulse	98/min	BP	16/80	SPO2	99%
Temp	_____										
Pulse	98/min										
BP	16/80										
SPO2	99%										
CVS: _____ PA: _____ S 152 (+)											
Provisional Diagnosis:											

Cholesterol - 210.89
 HDL - 43.04
 LDL - 169.1

Rx						
No	Dosage Form	Name of drug (IN BLOCK LETTERS ONLY)	Dose	Route	Frequency	Duration
		TAB ATORVASTATIN	10 MG		0-0-1	contd

Other Advice:

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

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www.aashkahospitals.in
CIN: L85110GJ2012PLC072647



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

UHID:	Date: 9/7/22	Time:
Patient Name: Amit Ram Wajal	Age / Sex: 42/M	Height:
		Weight:
History:		
Examination: calculus +r		
Diagnosis:		

Treatment:

Scabies

Dr. [unclear]

PATIENT NAME:AMIT RAM WAJPE
GENDER/AGE:Male / 42 Years
DOCTOR:DR.HASIT JOSHI
OPDNO:OSP28200

DATE:09/07/22

2D-ECHO

MITRAL VALVE	: MILD MVP	
AORTIC VALVE	: NORMAL	
TRICUSPID VALVE	: NORMAL	
PULMONARY VALVE	: NORMAL	
AORTA	: 32mm	
LEFT ATRIUM	: 37mm	
LV Dd / Ds	: 40/25mm	EF 69%
IVS / LVPW / D	: 10/10mm	
IVS	: NORMAL	
IAS	: NORMAL	
RA	: NORMAL	
RV	: NORMAL	
PA	: NORMAL	
PERICARDIUM	: NORMAL	
VEL	: PEAK	MEAN
M/S	: Gradient mm Hg	Gradient mm Hg
MITRAL	: 0.9/1m/s	
AORTIC	: 1.5m/s	
PULMONARY	: 1.28m/s	
COLOUR DOPPLER	: MILD MR , MILD TR	
RVSP	: 28mmHg	
CONCLUSION	: NORMAL LV SIZE SYSTOLIC FUNCTION; REDUCED LV COMPLIANCE; MILD MVP; MILD MR.	

CARDIOLOGIST
DR.HASIT JOSHI (9825012235)



LABORATORY REPORT



Name : **AMIT RAM WAJPE** Sex/Age : **Male / 42 Years** Case ID : **20702200248**
 Ref.By : **HOSPITAL,** Dis. At : Pt. ID : **2159639**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 09-Jul-2022 09:00	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 09-Jul-2022 09:00	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%	13.00 - 17.00
RBC (Electrical Impedance)	4.78	millions/cumm	4.50 - 5.50
PCV(Calc)	41.68	%	40.00 - 50.00
MCV (RBC histogram)	87.2	fL	83.00 - 101.00
MCH (Calc)	28.9	pg	27.00 - 32.00
MCHC (Calc)	33.1	gm/dL	31.50 - 34.50
RDW (RBC histogram)	13.80	%	11.00 - 16.00

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

Total WBC Count	5960	/μL	4000.00 - 10000.00
	[%]	EXPECTED VALUES	[Abs] EXPECTED VALUES
Neutrophil	59.0	% 40.00 - 70.00	3516 /μL 2000.00 - 7000.00
Lymphocyte	33.0	% 20.00 - 40.00	1967 /μL 1000.00 - 3000.00
Eosinophil	2.0	% 1.00 - 6.00	119 /μL 20.00 - 500.00
Monocytes	5.0	% 2.00 - 10.00	298 /μL 200.00 - 1000.00
Basophil	1.0	% 0.00 - 2.00	60 /μL 0.00 - 100.00

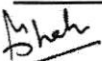
PLATELET COUNT (Optical)

Platelet Count	202000	/μL	150000.00 - 410000.00
Neutrophil to Lymphocyte Ratio (NLR)	1.79		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. Manoj Shah
 M.D. (Path. & Bact.)

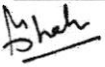
Dr. Shreya Shah
 M.D. (Pathologist)

LABORATORY REPORT



Name : AMIT RAM WAJPE	Sex/Age : Male / 42 Years	Case ID : 20702200248
Ref.By : HOSPITAL,	Dis. At :	Pt. ID : 2159639
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 09-Jul-2022 09:00	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 09-Jul-2022 09:00	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)



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

Dr. Shreya Shah
M.D. (Pathologist)

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LABORATORY REPORT



Name : **AMIT RAM WAJPE** Sex/Age : **Male / 42 Years** Case ID : **20702200248**
Ref.By : HOSPITAL, Dis. At : Pt. ID : 2159639
Bill. Loc. : Aashka hospital Pt. Loc :

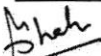
Reg Date and Time : 09-Jul-2022 09:00	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 09-Jul-2022 09:00	Sample Coll. By :	Ref Id1 : OSP28200
Report Date and Time : 09-Jul-2022 11:22	Acc. Remarks : Normal	Ref Id2 : O22232422

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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HAEMATOLOGY INVESTIGATIONS

ESR	04	mm after 1hr	3 - 15	
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Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)



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

Dr. Shreya Shah
M.D. (Pathologist)

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LABORATORY REPORT



Name : **AMIT RAM WAJPE** Sex/Age : **Male / 42 Years** Case ID : **20702200248**
Ref.By : **HOSPITAL,** Dis. At : Pt. ID : **2159639**
Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 09-Jul-2022 09:00	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 09-Jul-2022 09:00	Sample Coll. By :	Ref Id1 : OSP28200
Report Date and Time : 09-Jul-2022 09:33	Acc. Remarks : Normal	Ref Id2 : O22232422

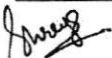
TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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HAEMATOLOGY INVESTIGATIONS

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

ABO Type	A
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.)

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PATIENT INFORMATION

LABORATORY REPORT



Name : **AMIT RAM WAJPE** Sex/Age : **Male / 42 Years** Case ID : **20702200248**
 Ref.By : **HOSPITAL,** Dis. At : Pt. ID : **2159639**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 09-Jul-2022 09:00	Sample Type : Spot Urine	Mobile No :
Sample Date and Time : 09-Jul-2022 09:00	Sample Coll. By :	Ref Id1 : OSP28200
Report Date and Time : 09-Jul-2022 09:48	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**

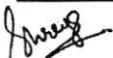
Chemical Examination By Sysmex UC-3500

Sp.Gravity	1.010		1.005 - 1.030
pH	7.00		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.)

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LABORATORY REPORT



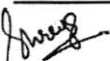
Name : **AMIT RAM WAJPE** Sex/Age : **Male / 42 Years** Case ID : **20702200248**
 Ref.By : HOSPITAL, Dis. At : Pt. ID : 2159639
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 09-Jul-2022 09:00 Sample Type : Spot Urine Mobile No :
 Sample Date and Time : 09-Jul-2022 09:00 Sample Coll. By : Ref Id1 : OSP28200
 Report Date and Time : 09-Jul-2022 09:48 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 : **AMIT RAM WAJPE** Sex/Age : **Male / 42 Years** Case ID : **20702200248**
 Ref.By : HOSPITAL, Dis. At : Pt. ID : 2159639
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 09-Jul-2022 09:00	Sample Type : Plasma Fluoride F, Plasma Fluoride PP	Mobile No :
Sample Date and Time : 09-Jul-2022 09:00	Sample Coll. By :	Ref Id1 : OSP28200
Report Date and Time : 09-Jul-2022 14:18	Acc. Remarks : Normal	Ref Id2 : O22232422
TEST	RESULTS	UNIT
		BIOLOGICAL REF RANGE
		REMARKS

BIOCHEMICAL INVESTIGATIONS

Biochemical Investigations by Dimension EXL (Siemens)

Plasma Glucose - F	H	106.9	mg/dL	70.0 - 100
Plasma Glucose - PP		111.7	mg/dL	70.0 - 140.0

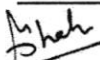
Reference range has been changed as per recent guidelines of ISPAD 2018.

<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)



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

Dr. Shreya Shah
 M.D. (Pathologist)

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LABORATORY REPORT



Name : **AMIT RAM WAJPE** Sex/Age : **Male / 42 Years** Case ID : **20702200248**
 Ref.By : HOSPITAL, Dis. At : Pt. ID : 2159639
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 09-Jul-2022 09:00 Sample Type : Serum Mobile No :
 Sample Date and Time : 09-Jul-2022 09:00 Sample Coll. By : Ref Id1 : OSP28200
 Report Date and Time : 09-Jul-2022 10:25 Acc. Remarks : Normal Ref Id2 : O22232422

TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

BIOCHEMICAL INVESTIGATIONS

Lipid Profile

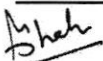
Cholesterol	H	210.89	mg/dL	110 - 200
HDL Cholesterol	L	43.04	mg/dL	48 - 77
Triglyceride		148.51	mg/dL	40 - 200
VLDL <i>Calculated</i>		29.70	mg/dL	10 - 40
Chol/HDL <i>Calculated</i>	H	4.90		0 - 4.1
LDL Cholesterol (Direct) <i>CALC</i>	H	169.60	mg/dL	65 - 100

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)



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

Dr. Shreya Shah
 M.D. (Pathologist)

LABORATORY REPORT



Name : **AMIT RAM WAJPE** Sex/Age : **Male / 42 Years** Case ID : **20702200248**
 Ref.By : HOSPITAL, Dis. At : Pt. ID : 2159639
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 09-Jul-2022 09:00	Sample Type : Serum	Mobile No :
Sample Date and Time : 09-Jul-2022 09:00	Sample Coll. By :	Ref Id1 : OSP28200
Report Date and Time : 09-Jul-2022 10:25	Acc. Remarks : Normal	Ref Id2 : O22232422

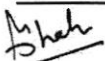
TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Liver Function Test

S.G.P.T.	30.88	U/L	0 - 41	
S.G.O.T.	19.66	U/L	15 - 37	
Alkaline Phosphatase	55.43	U/L	40 - 130	
Gamma Glutamyl Transferase	14.90	U/L	8 - 61	
Proteins (Total)	6.94	gm/dL	6.4 - 8.2	
Albumin	4.54	gm/dL	3.4 - 5	
Globulin <i>Calculated</i>	2.40	gm/dL	2 - 4.1	
A/G Ratio <i>Calculated</i>	1.9		1.0 - 2.1	
Bilirubin Total	0.53	mg/dL	0.2 - 1.0	
Bilirubin Conjugated	0.20	mg/dL		
Bilirubin Unconjugated <i>Calculated</i>	0.33	mg/dL	0 - 0.8	

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



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LABORATORY REPORT



Name : **AMIT RAM WAJPE** Sex/Age : **Male / 42 Years** Case ID : **20702200248**
Ref.By : HOSPITAL, Dis. At : Pt. ID : 2159639
Bill. Loc. : Aashka hospital Pt. Loc. :

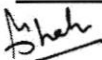
Reg Date and Time : 09-Jul-2022 09:00 Sample Type : Serum Mobile No :
Sample Date and Time : 09-Jul-2022 09:00 Sample Coll. By : Ref Id1 : OSP28200
Report Date and Time : 09-Jul-2022 10:25 Acc. Remarks : Normal Ref Id2 : O22232422

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

BUN (Blood Urea Nitrogen) <i>GLDH</i>	8.02	mg/dL	6.00 - 20.00	
Creatinine	0.94	mg/dL	0.50 - 1.50	
Uric Acid	H 7.79	mg/dL	3.5 - 7.2	

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



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LABORATORY REPORT



Name : **AMIT RAM WAJPE** Sex/Age : **Male / 42 Years** Case ID : **20702200248**
 Ref.By : HOSPITAL, Dis. At : Pt. ID : 2159639
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 09-Jul-2022 09:00	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 09-Jul-2022 09:00	Sample Coll. By :	Ref Id1 : OSP28200
Report Date and Time : 09-Jul-2022 10:58	Acc. Remarks : Normal	Ref Id2 : O22232422

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Glycated Haemoglobin Estimation

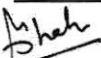
HbA1C	4.17		% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes
Avg. PI Glucose (Last 3 Months) <i>Calculated</i>	L 72.98	mg/dL		80.00 - 140.00

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 : **AMIT RAM WAJPE** Sex/Age : **Male / 42 Years** Case ID : **20702200248**
 Ref.By : **HOSPITAL,** Dis. At : Pt. ID : **2159639**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 09-Jul-2022 09:00 Sample Type : Serum Mobile No :
 Sample Date and Time : 09-Jul-2022 09:00 Sample Coll. By : Ref Id1 : OSP28200
 Report Date and Time : 09-Jul-2022 09:58 Acc. Remarks : Normal Ref Id2 : O22232422

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	TEST REMARK
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Thyroid Function Test

Triiodothyronine (T3)	107.43	ng/dL	70 - 204	
Thyroxine (T4) CMIA	9.7	ng/dL	4.6 - 10.5	
TSH CMIA	3.4964	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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LABORATORY REPORT



Name : AMIT RAM WAJPE	Sex/Age : Male / 42 Years	Case ID : 20702200248
Ref.By : HOSPITAL,	Dis. At :	Pt. ID : 2159639
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 09-Jul-2022 09:00	Sample Type : Serum	Mobile No :
Sample Date and Time : 09-Jul-2022 09:00	Sample Coll. By :	Ref Id1 : OSP28200
Report Date and Time : 09-Jul-2022 11:10	Acc. Remarks : Normal	Ref Id2 : O22232422

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BIOCHEMICAL INVESTIGATIONS				

Prostate Specific Antigen <small>CMA</small>	0.411	ng/mL	0.00 - 4.00
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INTERPRETATIONS:

Useful for Evaluating patients with documented prostate problems in whom multiple prostate-specific antigen tests may be necessary per year. Monitoring patients with a history of prostate cancer as an early indicator of recurrence and response to treatment. Prostate-specific antigen (PSA) values are reported with the 95th percentile limits by decade of age. These reference limits include men with benign prostatic hyperplasia. They exclude all cases with proven cancer. PSA values exceeding the age-specific limits are suspicious for prostate disease, but further testing, such as prostate biopsy, is needed to diagnose prostate pathology. Values >0.2 ng/mL are considered evidence of biochemical recurrence of cancer in men after prostatectomy

CAUTIONS:

Serum markers are not specific for malignancy, and values may vary by method. When age is not supplied, the results cannot be flagged as high or low. Digital rectal examination generally does not increase normal prostate-specific antigen (PSA) values. However, cystoscopy, urethral instrumentation, and prostate biopsy may increase PSA levels. 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

- If total PSA is above cut off value (between 4 to 20 ng/ml) free PSA should be advised to differentiate benign prostatic hyperplasia from prostatic malignancy.
- Free PSA levels above 20 to 25 % of total PSA are more likely to be associated with BPH.
- Prostate biopsy is required for the diagnosis of cancer.

RELATIONSHIP BETWEEN PROBABILITY OF PROSTATE MALIGNANCY & FREE PSA% TO TOTAL PSA


..... Free PSA % to total PSA	0-10%	10-15%	15-20%	20-25%	>25%.
fr Probability of malignancy	56%.	28%	20%	16%	8%

DILUTION PROTOCOL:

At our lab with kit, manual dilution protocol has been validated for PSA up to 1:20 dilution and result up to 2000 NG/ML. After above dilution, it will be done manually and because of Ag-Ab reaction curve it may be erroneous if diluted after validated dilution.
 * Test results, interpretation & notes are meant for Medical Personal only.

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

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


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LABORATORY REPORT

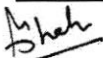


Name : **AMIT RAM WAJPE** Sex/Age : **Male / 42 Years** Case ID : **20702200248**
Ref.By : HOSPITAL, Dis. At : Pt. ID : 2159639
Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 09-Jul-2022 09:00	Sample Type : Serum	Mobile No :
Sample Date and Time : 09-Jul-2022 09:00	Sample Coll. By :	Ref Id1 : OSP28200
Report Date and Time : 09-Jul-2022 11:10	Acc. Remarks : Normal	Ref Id2 : O22232422

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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Amit ram wajpe
ID: osp28200

Contrast 226 166 05

0459 LOT D 942 #

09.07.2022 10:48:19 AM
AASHKA HOSPITAL LTD.
SARGASAN
GANDHINAGAR

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

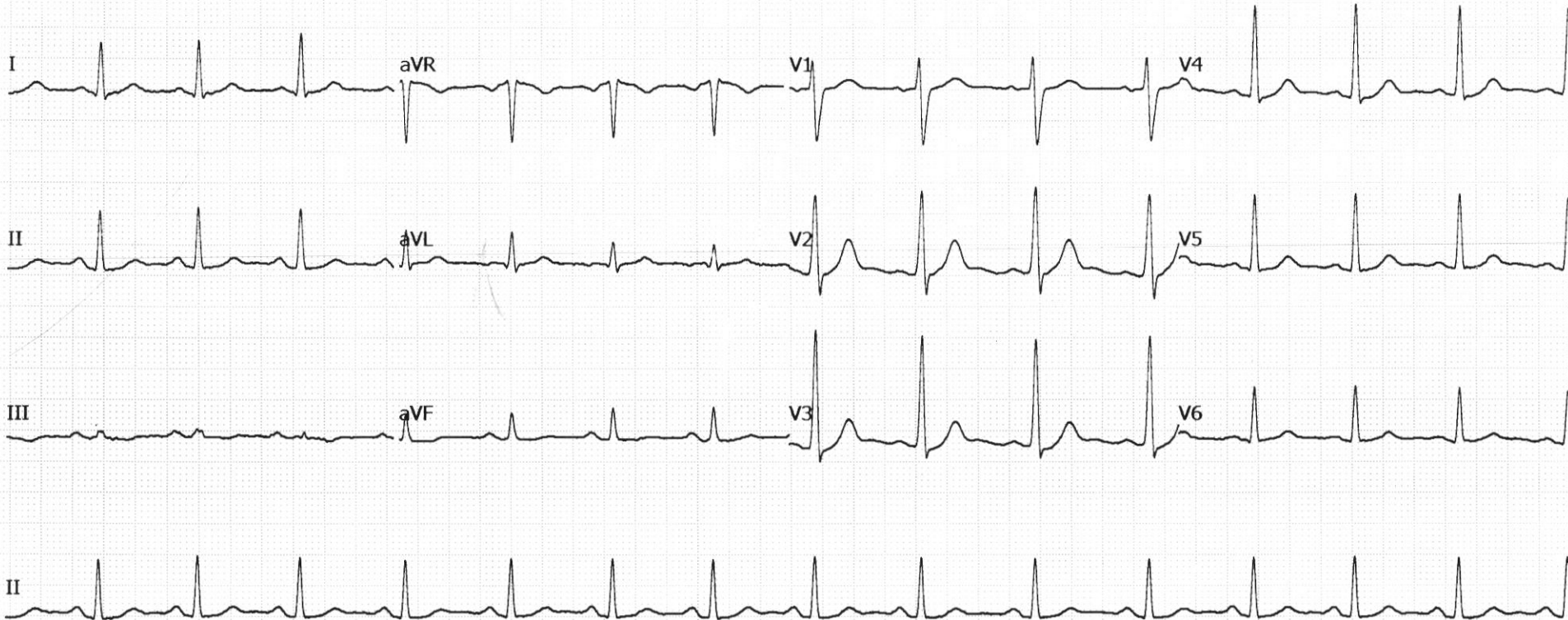
Room:

90 bpm
-- / -- mmHg

42 Years Male

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 88 ms Normal sinus rhythm
QT / QTcBaz : 352 / 430 ms Normal ECG
PR : 152 ms
P : 114 ms
RR / PP : 668 / 666 ms
P / QRS / T : 63 / 38 / 22 degrees



PATIENT NAME:AMIT RAM WAJPE

GENDER/AGE:Male / 42 Years

DATE:09/07/22

DOCTOR:

OPDNO:OSP28200

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 shows tiny GB polyp (4-5 mm size). 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 4.2 cms in size.

Left kidney measures about 10.4 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 140 cc.

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 20 cc.

COMMENT: Tiny GB polyp.

Fecal loaded large bowel loops.

Normal sonographic appearance of liver, Pancreas, spleen, kidneys, bladder and prostate.

PATIENT NAME:AMIT RAM WAJPE

GENDER/AGE:Male / 42 Years

DATE:09/07/22

DOCTOR:

OPDNO:OSP28200

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

