



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. SINGH DHARMENDRA PRATAP
EC NO.	179144
DESIGNATION	HEAD CASHIER "E" _II
PLACE OF WORK	MEHSANA,AGLOD FALU
BIRTHDATE	08-09-1979
PROPOSED DATE OF HEALTH CHECKUP	22-07-2023
BOOKING REFERENCE NO.	23S179144100064498E

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 **19-07-2023** till **31-03-2024**. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

**Chief General Manager  
HRM Department  
Bank of Baroda**

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



**SUGGESTIVE LIST OF MEDICAL TESTS**

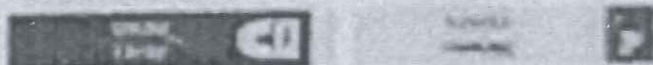
FOR MALE	FOR FEMALE
CBC	CBC
ESR	ESR
Blood Group & RH Factor	Blood Group & RH Factor
Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
Blood and Urine Sugar PP	Blood and Urine Sugar PP
Stool Routine	Stool Routine
<b>Lipid Profile</b>	<b>Lipid Profile</b>
Total Cholesterol	Total Cholesterol
HDL	HDL
LDL	LDL
VLDL	VLDL
Triglycerides	Triglycerides
HDL / LDL ratio	HDL / LDL ratio
<b>Liver Profile</b>	<b>Liver Profile</b>
AST	AST
ALT	ALT
GGT	GGT
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
ALP	ALP
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
<b>Kidney Profile</b>	<b>Kidney Profile</b>
Serum creatinine	Serum creatinine
Blood Urea Nitrogen	Blood Urea Nitrogen
Uric Acid	Uric Acid
HBA1C	HBA1C
Routine urine analysis	Routine urine analysis
USG Whole Abdomen	USG Whole Abdomen
<b>General Tests</b>	<b>General Tests</b>
X Ray Chest	X Ray Chest
EKG	EKG
2D/3D ECHO / TMT	2D/3D ECHO / TMT
Stress Test	Thyroid Profile (T3, T4, TSH)
PSA Male (above 40 years)	Mammography (above 40 years) and Pap Smear (above 30 years).
Thyroid Profile (T3, T4, TSH)	Dental Check-up consultation
Dental Check-up consultation	Physician Consultation
Physician Consultation	Eye Check-up consultation
Eye Check-up consultation	Skin/ENT consultation
Skin/ENT consultation	Gynaec Consultation





बैंक ऑफ बरोडा

Bank of Baroda



नाम  
Name

Dharmendra Pratap Singh

कर्मचारी कोड नं.  
Employee Code No.

179144

Employee Code No.

जारीकर्ता प्राधिकारी  
Issuing Authority

धारक के हस्ताक्षर  
Signature of Holder







**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>	00723198	<b>Date:</b>	22/7/23	<b>Time:</b>	
<b>Patient Name:</b>	① HARMENDRA PRATAP SINGH				
		<b>Age / Sex:</b>	43/F		
		<b>Height:</b>	171 cm		
		<b>Weight:</b>	102 lbs		
<b>History:</b>	D/O Ryph ch w				
<b>Allergy History:</b>					
<b>Nutritional Screening:</b>	Well-Nourished / Malnourished / Obese				
<b>Examination:</b>	D.V. 2616 G12 N.V. + I.R.S com with Nmt.				
<b>Diagnosis:</b>					



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

UHID: 00723198	Date: 22/7/23	Time:
Patient Name: Mr. Dharmendra	Age/Sex: - 43/M	
	Height: 157	
	Weight: 102	
Chief Complaint: - Routine dental check up		
History:		
Allergy History: -		
Nutritional Screening: Well-Nourished / Malnourished / Obese -		
Examination: -		
Extra oral: -	Caries	Teeth - 6
Intra oral - Teeth Present:	- Impacted teeth	6
	Teeth Absent: - Root pieces	WT 6
Diagnosis:		



Rx

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

Other Advice:

- Extra of 6 +  
- Filling 14 ct  
- Feeding

Follow-up:

Consultant's Sign:



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**aashka**  
H O S P I T A L



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

UHID: 00729198	Date: 22/7/23.	Time: 5:00 PM
Patient Name: Dharmendra Pratap Singh	Height: 171 cm	
Age / Sex: 43 yr / M	LMP: Weight: 102 kg	
History:		
C/C/O:	History: N/A	
No fresh complaints.		
Allergy History: N/A	Addiction: N/A	
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Vitals & Examination:		
Temperature: Normal	2D Echo: concentric LVH mild mitral Normal EF	
Pulse:	LV hypertrophy / Noted.	
BP:	CXK	ECG
SPO2:	USG Abdo	
Provisional Diagnosis:		







LABORATORY REPORT



Name : DHARMENDRA PRATAP SINGH Sex/Age : Male / 44 Years Case ID : 30702200677  
 Ref.By : HOSPITAL Dis. At : Pt. ID : 2857466  
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 22-Jul-2023 09:45 Sample Type : Mobile No :  
 Sample Date and Time : 22-Jul-2023 09:45 Sample Coll. By : Ref Id1 : 00723198  
 Report Date and Time : Acc. Remarks : Normal Ref Id2 : 023242939

**Abnormal Result(s) Summary**

Test Name	Result Value	Unit	Reference Range
<b>Blood Glucose Fasting &amp; Postprandial</b>			
Plasma Glucose - F	104.81	mg/dL	70 - 100
<b>Haemogram (CBC)</b>			
RBC (Electrical Impedance)	3.96	millions/cu mm	4.50 - 5.50
PCV(Calc)	38.61	%	40.00 - 50.00
MCH (Calc)	35.3	pg	27.00 - 32.00
MCHC (Calc)	36.3	gm/dL	31.50 - 34.50
RDW (RBC histogram)	16.90	%	11.00 - 16.00
Eosinophil	9.0	%	1.00 - 6.00
Eosinophil	877	/μL	20.00 - 500.00
<b>Lipid Profile</b>			
HDL Cholesterol	42.7	mg/dL	48 - 77
<b>Liver Function Test</b>			
S.G.O.T.	39.61	U/L	15 - 37
Bilirubin Total	2.14	mg/dL	0.3 - 1.2
Bilirubin Conjugated	0.60	mg/dL	0 - 0.50
Bilirubin Unconjugated	1.54	mg/dL	0 - 0.8
<b>Thyroid Function Test</b>			
Thyroxine (T4)	4.4	ng/dL	4.87 - 11.72
Uric Acid	7.43	mg/dL	3.5 - 7.2

Abnormal Result(s) Summary End

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

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Visits (Home / Hospital for Samples Collection) & General Information : Mrs. Sandal Shah	9824408721
Sample Transport / Pick-up & Report Dispatch : Mr. Suchit Chauhan	7698009903

Any query may also be directed online on contact@suprattechlabs.com with attention to the concerned personnel.

### Neuberg Suprattech Branches in Ahmedabad

Sindhu Bhevan - Ph : 079-61618111, 6357244307, Bapunagar - 635678001/22,  
 Maninagar - 079-40408282, 25450802, Bopal - 02717-235881/82, Gota - 6357244303  
 Bhuyangdev - 9879624264

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Shahibaug - 079-25630134, Shyamol - 079-26743434, Paldi - 6359900406

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Regd. Office :  
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 (Previously known as Suprattech Micropath Laboratory & Research Institute Pvt Ltd)  
 Triviron Saphagiri Bhawan, 15, IV Street  
 Abhiramapuram, Chennai - 600018, Tamil Nadu  
 CIN : U85195TN2013PTC151947





## LABORATORY REPORT



Name : DHARMENDRA PRATAP SINGH  
Ref.By : HOSPITAL  
Bill. Loc. : Aashka hospital

Sex/Age : Male / 44 Years  
Dis. At :  
Pt. ID : 2857466  
Pt. Loc :

Case ID : 30702200677  
Sample Type : Whole Blood EDTA  
Mobile No :  
Sample Date and Time : 22-Jul-2023 09:45  
Sample Coll. By :  
Ref Id1 : 00723198  
Report Date and Time : 22-Jul-2023 12:09  
Acc. Remarks : Normal  
Ref Id2 : 023242939

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

#### HB AND INDICES

Haemoglobin (Colorimetric)	14.0	G%	13.00 - 17.00	
RBC (Electrical Impedance)	L 3.96	millions/cumm	4.50 - 5.50	
PCV(Calc)	L 38.61	%	40.00 - 50.00	
MCV (RBC histogram)	97.5	fL	83.00 - 101.00	
MCH (Calc)	H 35.3	pg	27.00 - 32.00	
MCHC (Calc)	H 36.3	gm/dL	31.50 - 34.50	
RDW (RBC histogram)	H 16.90	%	11.00 - 16.00	

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

Total WBC Count	9740	/ $\mu$ L	4000.00 - 10000.00	
Neutrophil	L%] 59.0	%	EXPECTED VALUES 40.00 - 70.00	[Abs] 5747 / $\mu$ L 2000.00 - 7000.00
Lymphocyte	27.0	%	20.00 - 40.00	2630 / $\mu$ L 1000.00 - 3000.00
Eosinophil	H 9.0	%	1.00 - 6.00	H 877 / $\mu$ L 20.00 - 500.00
Monocytes	4.0	%	2.00 - 10.00	390 / $\mu$ L 200.00 - 1000.00
Basophil	1.0	%	0.00 - 2.00	97 / $\mu$ L 0.00 - 100.00

#### PLATELET COUNT (Optical)

Platelet Count	194000	/ $\mu$ L	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	2.19		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.
Morphological Impression	-

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



Dr. Amit Prajapati  
DCP.

Dr. Shreya Shah  
M.D. (Pathologist)

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

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## LABORATORY REPORT



Name	: DHARMENDRA PRATAP SINGH	Sex/Age	: Male / 44 Years	Case ID	: 30702200677
Ref.By	: HOSPITAL	Dis. At	:	Pt. ID	: 2857466
Bill. Loc.	: Aashka hospital			Pt. Loc	:
Reg Date and Time	: 22-Jul-2023 09:45	Sample Type	: Whole Blood EDTA	Mobile No	:
Sample Date and Time	: 22-Jul-2023 09:45	Sample Coll. By	:	Ref Id1	: 00723198
Report Date and Time	: 22-Jul-2023 12:09	Acc. Remarks	: Normal	Ref Id2	: 023242939

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



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DCP.

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M.D. (Pathologist)

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

Reg Date and Time : 22-Jul-2023 09:45	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 22-Jul-2023 09:45	Sample Coll. By :	Ref Id1 : 00723198
Report Date and Time : 22-Jul-2023 11:07	Acc. Remarks : Normal	Ref Id2 : 023242939

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR Westergren Method	05	mm after 1hr	3 - 15	

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

*Jamini.*

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 DCP.

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

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Sample Date and Time : 22-Jul-2023 09:45      Sample Coll. By :      Ref Id1 : 00723198  
Report Date and Time : 22-Jul-2023 13:12      Acc. Remarks : Normal      Ref Id2 : 023242939

TEST      RESULTS      UNIT      BIOLOGICAL REF RANGE      REMARKS

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

ABO Type      O  
Rh Type      POSITIVE

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

*Ammi.*

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CIN : U85195TN2013PTC151947





## LABORATORY REPORT



Name : DHARMENDRA PRATAP SINGH      Sex/Age : Male / 44 Years      Case ID : 30702200677  
 Ref.By : HOSPITAL      Dis. At :      Pt. ID : 2857466  
 Bill. Loc. : Aashka hospital      Pt. Loc :

Reg Date and Time : 22-Jul-2023 09:45      Sample Type : Spot Urine      Mobile No :  
 Sample Date and Time : 22-Jul-2023 09:45      Sample Coll. By :      Ref Id1 : 00723198  
 Report Date and Time : 22-Jul-2023 10:19      Acc. Remarks : Normal      Ref Id2 : 023242939

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
------	---------	------	----------------------	---------

### URINE EXAMINATION (STRIP METHOD AND FLOWCYTOMETRY)

Physical examination				
Colour	Pale yellow			
Transparency	Clear			
Chemical Examination By Sysmex UC-3500				
Sp.Gravity	1.020		1.005 - 1.030	
pH	6.00		5 - 8	
Leucocytes (ESTERASE)	Negative		Negative	
Protein	Negative		Negative	
Glucose	Negative		Negative	
Ketone Bodies Urine	Negative		Negative	
Urobilinogen	Negative		Negative	
Bilirubin	Negative		Negative	
Blood	Negative		Negative	
Nitrite	Negative		Negative	
Flowcytometric Examination By Sysmex UF-5000				
Leucocyte	Nil	/HPF	Nil	
Red Blood Cell	Nil	/HPF	Nil	
Epithelial Cell	Present +	/HPF	Present(+)	
Bacteria	Nil	/ul	Nil	
Yeast	Nil	/ul	Nil	
Cast	Nil	/LPF	Nil	
Crystals	Nil	/HPF	Nil	

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



Dr. Amit Prajapati  
DCP.

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Parameter	Unit	Expected value	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	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	-	-	-	-	-

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

Reg Date and Time : 22-Jul-2023 09:45      Sample Type : Plasma Fluoride F, Plasma Fluoride PP      Mobile No :  
 Sample Date and Time : 22-Jul-2023 09:45      Sample Coll. By :      Ref Id1 : 00723198  
 Report Date and Time : 22-Jul-2023 14:27      Acc. Remarks : Normal      Ref Id2 : O23242939  
 TEST      RESULTS      UNIT      BIOLOGICAL REF RANGE      REMARKS

### BIOCHEMICAL INVESTIGATIONS

#### Blood Glucose Level (Fasting & Post Prandial)

Plasma Glucose - F  
*Photometric, Hexokinase*      H      104.81      mg/dL      70 - 100  
 Plasma Glucose - PP      118.44      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 glucoseeer guidelines  
 >=126 mg/dL: Probability of Diabetes, Confirm as per guidelines

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

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

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

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## LABORATORY REPORT



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

Reg Date and Time : 22-Jul-2023 09:45      Sample Type : Serum      Mobile No :  
 Sample Date and Time : 22-Jul-2023 09:45      Sample Coll. By :      Ref Id1 : 00723198  
 Report Date and Time : 22-Jul-2023 14:21      Acc. Remarks : Normal      Ref Id2 : 023242939

TEST      RESULTS      UNIT      BIOLOGICAL REF RANGE      REMARKS

### BIOCHEMICAL INVESTIGATIONS

#### Lipid Profile

<b>Cholesterol</b> <i>Colorimetric, CHOD-POD</i>	128.81	mg/dL	110 - 200	
<b>HDL Cholesterol</b>	L 42.7	mg/dL	48 - 77	
<b>Triglyceride</b> <i>Glycerol Phosphate Oxidase</i>	105.29	mg/dL	<150	
<b>VLDL</b> <i>Calculated</i>	21.06	mg/dL	10 - 40	
<b>Chol/HDL</b> <i>Calculated</i>	3.02		0 - 4.1	
<b>LDL Cholesterol</b> <i>Calculated</i>	65.05	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 assessment
- For LDL Cholesterol level Please consider direct LDL value  
Risk assessment from HDL and Triglyceride has been revised. Also LDL goals have changed.
- Detail test interpretation available from the lab
- All tests are done according to NCEP guidelines and with FDA approved kits.
- LDL Cholesterol level is primary goal for treatment and varies with risk category and assessment

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



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TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

### BIOCHEMICAL INVESTIGATIONS

#### Liver Function Test

<b>S.G.P.T.</b> <i>UV with P5P</i>	49.48	U/L	16 - 63
<b>S.G.O.T.</b> <i>UV with P5P</i>	H 39.61	U/L	15 - 37
<b>Alkaline Phosphatase</b> <i>Enzymatic, PNPP-AMP</i>	106.0	U/L	46 - 116
<b>Gamma Glutamyl Transferase</b> <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate</i>	32.05	U/L	0 - 55
<b>Proteins (Total)</b> <i>Colorimetric, Biuret</i>	7.93	gm/dL	6.40 - 8.30
<b>Albumin</b> <i>Bromocresol purple</i>	4.14	gm/dL	3.4 - 5
<b>Globulin</b> <i>Calculated</i>	3.79	gm/dL	2 - 4.1
<b>A/G Ratio</b> <i>Calculated</i>	1.1		1.0 - 2.1
<b>Bilirubin Total</b> <i>Photometry</i>	H 2.14	mg/dL	0.3 - 1.2
<b>Bilirubin Conjugated</b> <i>Diazotization reaction</i>	H 0.60	mg/dL	0 - 0.50
<b>Bilirubin Unconjugated</b> <i>Calculated</i>	H 1.54	mg/dL	0 - 0.8

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Report Date and Time : 22-Jul-2023 14:21 Acc. Remarks : Normal Ref Id2 : O23242939

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BUN (Blood Urea Nitrogen) <small>GLDH</small>	10.9	mg/dL	8.90 - 20.60	
Creatinine	0.92	mg/dL	0.50 - 1.50	
Uric Acid <small>Uricase</small>	H 7.43	mg/dL	3.5 - 7.2	

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 CIN : U85195TN2013PTC151947



## LABORATORY REPORT



Name : DHARMENDRA PRATAP SINGH Sex/Age : Male / 44 Years Case ID : 30702200677  
 Ref.By : HOSPITAL Dis. At : Pt. ID : 2857466  
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 22-Jul-2023 09:45 Sample Type : Whole Blood EDTA Mobile No :  
 Sample Date and Time : 22-Jul-2023 09:45 Sample Coll. By : Ref Id1 : 00723198  
 Report Date and Time : 22-Jul-2023 10:32 Acc. Remarks : Normal Ref Id2 : 023242939

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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### Glycated Haemoglobin Estimation

HbA1C	5.60	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
-------	------	---------------	---	--

**Estimated Avg Glucose (3 Mths)** 114.02 mg/dL  
*Calculated*

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 glycaemic 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, glycaemic 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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 DCP.

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 M.D. (Pathologist)

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 Ref.By : HOSPITAL      Dis. At :      Pt. ID : 2857466  
 Bill. Loc. : Aashka hospital      Pt. Loc :

Reg Date and Time : 22-Jul-2023 09:45      Sample Type : Serum      Mobile No :  
 Sample Date and Time : 22-Jul-2023 09:45      Sample Coll. By :      Ref Id1 : 00723198  
 Report Date and Time : 22-Jul-2023 12:27      Acc. Remarks : Normal      Ref Id2 : 023242939

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

Triiodothyronine (T3)	71.51	ng/dL	70 - 204	
Thyroxine (T4) <i>CMIA</i>	L 4.4	ng/dL	4.87 - 11.72	
TSH <i>CMIA</i>	1.457	µIU/mL	0.4 - 4.2	

### INTERPRETATIONS

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

### CAUTIONS

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

### TSH ref range in pregnancy

First trimester  
 Second trimester  
 Third trimester

### Reference range (microIU/ml)

0.24 - 2.00  
 0.43-2.2  
 0.8-2.5

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



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**Name :** DHARMENDRA PRATAP SINGH      **Sex/Age :** Male / 44 Years      **Case ID :** 30702200677  
**Ref.By :** HOSPITAL      **Dis. At :**      **Pt. ID :** 2857466  
**Bill. Loc. :** Aashka hospital      **Pt. Loc. :**

**Reg Date and Time :** 22-Jul-2023 09:45      **Sample Type :** Serum      **Mobile No. :**  
**Sample Date and Time :** 22-Jul-2023 09:45      **Sample Coll. By :**      **Ref Id1 :** 00723198  
**Report Date and Time :** 22-Jul-2023 12:27      **Acc. Remarks :** Normal      **Ref Id2 :** 023242939

**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, hypothyroidism 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.  
 Reference range (microU/ml)  
 TSH ref range in Pregnancy  
 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 Hypothyroidism	↑	↑	↓
Secondary Hypothyroidism	↑	↑	↑
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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**Sample Date and Time :** 22-Jul-2023 09:45      **Sample Coll. By :**      **Ref Id1 :** 00723198  
**Report Date and Time :** 22-Jul-2023 14:55      **Acc. Remarks :** Normal      **Ref Id2 :** 023242939

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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**Prostate Specific Antigen**      **0.340**      **ng/mL**      **0 - 4**

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

\*% of population

**Use**

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

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

Prostate biopsy is required for the diagnosis of cancer.

**FREE PSA:TOTAL PSA**

**Males:**

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

	Probability of cancer			
	50-59 years	60-69 years	> or =70 years	
Free PSA/total PSA ratio				
< or =0.10	45%	56%	65%	
0.11-0.18	27%	34%	41%	
0.19-0.25	15%	24%	30%	
>0.25	9%	12%	15%	

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

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Report Date and Time : 22-Jul-2023 14:55      Acc. Remarks : Normal

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CIN : U85195TN2013PTC151947

**PATIENT NAME:MR.DHARMENDRA PRATAP SINGH**

**GENDER/AGE:Male / 43 Years**

**DATE:22/07/23**

**DOCTOR:DR.HASIT JOSHI**

**OPDNO:00723198**

### 2D-ECHO

<b>MITRAL VALVE</b>	: MINIMALLY SCLEROSED
<b>AORTIC VALVE</b>	: MINIMALLY SCLEROSED
<b>TRICUSPID VALVE</b>	: NORMAL
<b>PULMONARY VALVE</b>	: NORMAL
<b>AORTA</b>	: 34mm
<b>LEFT ATRIUM</b>	: 39mm
<b>LV Dd / Ds</b>	: 44/31mm
<b>IVS / LVPW / D</b>	: 13/12mm
<b>IVS</b>	: INTACT
<b>IAS</b>	: INTACT
<b>RA</b>	: NORMAL
<b>RV</b>	: NORMAL
<b>PA</b>	: NORMAL
<b>PERICARDIUM</b>	: NORMAL
<b>VEL</b>	: PEAK MEAN
<b>M/S</b>	: Gradient mm Hg Gradient mm Hg
<b>MITRAL</b>	: 0.5/0.8m/s
<b>AORTIC</b>	: 1.2m/s
<b>PULMONARY</b>	: 1.0m/s
<b>COLOUR DOPPLER</b>	: MILD MR/TR
<b>RVSP</b>	: 28mmHg
<b>CONCLUSION</b>	: CONCENTRIC LVH; MILDLY DILATED LA; NORMAL LV FUNCTION; REDUCED LV COMPLIANCE.



**CARDIOLOGIST**

**DR.HASIT JOSHI (9825012235)**





**Aashka Hospitals Ltd.**

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CIN: L85110GJ2012PLC072647

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H O S P I T A L



PATIENT NAME: MR. DHARMENDRA PRATAP SINGH

GENDER/AGE: Male / 43 Years

DATE: 22/07/23

DOCTOR:

OPDNO: 00723198

### 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





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H O S P I T A L



**PATIENT NAME:MR.DHARMENDRA PRATAP SINGH**

**GENDER/AGE:Male / 43 Years**

**DATE:22/07/23**

**DOCTOR:**

**OPDNO:O0723198**

**SONOGRAPHY OF ABDOMEN AND PELVIS**

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

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

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

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

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

Right kidney measures about 10.0 x 4.4 cms in size.

Left kidney measures about 10.3 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. Normal post void residual urine 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 24 cc.

**COMMENT: Grade I fatty changes in liver.**

**Fecal loaded large bowel loops seen.**

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

  
**DR. SNEHA PRAJAPATI**  
CONSULTANT RADIOLOGIST



22.07.2023 1:11:50 PM  
AASHKA HOSPITAL LTD.  
SARGASAN  
GANDHINAGAR

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

Room:

56 bpm  
-- / -- mmHg

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 92 ms  
QT / QTcBaz : 396 / 382 ms  
PR : 168 ms  
P : 116 ms  
RR / PP : 1070 / 1071 ms  
P / QRS / T : 68 / -6 / 35 degrees

Sinus bradycardia  
Otherwise normal ECG

