011-41195959 Email:wellness@mediwheel.in

Dear MR. SRIVASTAVA RAJNEESH KUMAR,

Please find the confirmation for following request.

Booking Date

: 09-11-2022

Package Name

: Medi-Wheel Metro Full Body Health Checkup Male Above 40

Diagnostic/Hospital : Aashka Multispeciality Hospital

Diagnostic/Hospital: Between Sargasan & Reliance Cross Road

Contact Details

: 9879752777/7577500900

City

: Gandhi Nagar

State

: Gujarat

Pincode

382315

Appointment Date : 12-11-2022

Confirmation

Status

· Confirmed

Preferred Time

: 09:15:AM

Comment

: APPOINTMENT TIME 8;30AM

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
- 4. Please bring all your medical prescriptions and previous health medical records with you.
- 5. Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

For Women:

- 1. Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
- 2. It is advisable not to undergo any Health Check during menstrual cycle.

Request you to reach half an hour before the scheduled time.

In case of further assistance, Please reach out to Team Mediwheel.



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. SRIVASTAVA RAJNEESH KUMAR
EC NO.	58523
DESIGNATION	FOREX BACK OFFICE
PLACE OF WORK	GANDHINAGAR, GIFT CITY, NATIONAL
BIRTHDATE	06-03-1974
PROPOSED DATE OF HEALTH	12-11-2022
CHECKUP	
BOOKING REFERENCE NO.	22D58523100029710E

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 **09-11-2022** 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))



नामः रजनीश कुमार श्रीवास्तव

Name: RAJNEESH KUMAR SRIVASTAVA

कर्मचारी कूट क्र.

Employee Code No.

58523

जारीकर्ता प्राधिकारी Issuing Authority

धारक के हस्ताक्षर Signature of Holder

मिलने पर निम्नलिखित को लौटाएं उप. महाप्रबंधक, वेंक ऑफ बड़ौदा, राष्ट्रीय साझा सेवा केंद्र, 24वीं मंजिल, गिफ्ट टॉवर 1, गिफ्ट सिटी, गांधीनगर -382355, गुजरात, भारत। फोन: +91 079 66734085

If found, please return to

Dy. General Manager,

Bank of Baroda, National Shared Services Centre,

24th Floor, Gift Tower 1, Gift City,

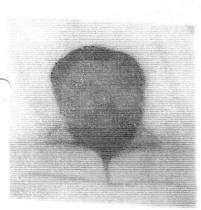
Gandhinagar -382355, Gujarat, India.

Phone: +91 079 66734085

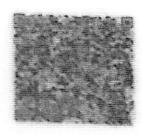
रक्त समृह Blood Group: 🗛 +

पहचान चिद्र Identification Marks: Mark on Forehead





र जनीश कुमार श्रीवास्तव Rajneesh Kumar Srivastava जन्म तिथि/ DOB: 06/03/1974 पुरुष / MALE



2920 8772 0933

आधार-आम आदमी का अधिकार



Well like the plant willed

पता: आत्मज: के.पी. श्रीवास्तव, 133एच- उमंग 2, टाइप-डी महानगर, बरेली, बरेली, उत्तर प्रदेश - 243122

Address:

S/O: K.P. Srivastava, 133h-umang 2, type-d mahanagar, Bareilly, Bareilly, Utar Pradesh - 243122

2920 8772 0933

Aadhaar-Aam Admi ka Adhikar

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

	1 1
UHID: Date	: 2 1 Time:
Patient Name: RAJMEET	Height:
Age /Sex: USIS M LMP:	Weight:
story:	
C/C/O:	History:
~	
*	
~ a -1 ~ 40	
- Rome cherc	
UP	
	4
Alergy History: MAP	Addiction:
Nutritional Screening: Well-Nourished / Malnourish	ed / Obese
Vitals & Examination:	
Pulse: The same	
Pulse: 841 m	
BP: 130 90 mm	
U	
SP02: 991. Or Roon ATT.	
Provisional Diagnosis:	

Advice:		9				
Rx				ute Frequency Duration		
No	Dosage Form	Name of drug (IN BLOCK LETTERS ONLY)	Dose Ro	ute Frequency Duration		
	<u> </u>	(IN BLOCK ELTTERS ONE)				
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			(A)			
Insulin Scal	e	RBS- hourly	Diet Advice:			
			Fallers			
< 150 -		300-350 -	Follow-up:			
150-200 -		350-400 -	Sign:	10000		
200-250 -		400-450 –	Sign:	1-2-12		
250-300 –		> 450 —				



L	LABORATORY REPORT				_
Name : RAJNEESHKUMAR SRIVASTAVA Ref.By : HOSPITAL		Sex/Age : Male / Dis. At :	48 Years	: 21102200420 : 2396050 :	
Bill. Loc. : Aashka hospital Reg Date and Time : 12-Nov-2022 08:58 Sample Date and Time : 12-Nov-2022 08:58 Report Date and Time :	Sample Type Sample Coll. By Acc. Remarks	: : : Normal		 : : OSP29108 : O22236519	

Abnormal Result(s) Summary

	Result Value	Unit	Reference Range
Test Name	111 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		
Blood Glucose Fasting & Po Plasma Glucose - F Plasma Glucose - PP	ostprandial 121.59 148.68	mg/dL mg/dL	70.0 - 100 70.0 - 140.0
Haemogram (CBC) Eosinophil Eosinophil	7.0 501	% /µL	1.00 - 6.00 20.00 - 500.00
Lipid Profile HDL Cholesterol Chol/HDL LDL Cholesterol	47.93 4.17 114.20	mg/d_ mg/dL	48 - 77 0 - 4.1 65 - 100
Liver Function Test Globulin A/G Ratio	1.86 2.7	gm/dL	2 - 4.1 1.0 - 2.1
Urine Examination Glucose	Present (+)	COMPANY AND	Negative

Abnormal Result(s) Summary End

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

Page 1 of 15





LABORATORY REPORT Name : RAJNEESHKUMAR SRIVASTAVA Sex/Age : Male / 48 Years Case ID : 21102200420 Ref.By : HOSPITAL Dis. At : Pt. ID : 2396050 Bill. Loc. : Aashka hospital Pt. Loc Reg Date and Time : 12-Nov-2022 08:58 Sample Type : Whole Blood EDTA Mobile No : Sample Date and Time : 12-Nov-2022 08:58 Sample Coll. By : Ref Id1 : OSP29108 Report Date and Time : 12-Nov-2022 09:26 Acc. Remarks · Normal Ref Id2 : O22236519 **TEST** RESULTS UNIT BIOLOGICAL REF. INTERVAL REMARKS HAEMOGRAM REPORT **HB AND INDICES** Haemoglobin (Colorimetric) 15.0 G% 13.00 - 17.00 RBC (Electrical Impedance) 4.85 millions/cumm 4.50 - 5.50 PCV(Calc) 47.00 % 40.00 - 50.00 MCV (RBC histogram) 96.9 fL 83.00 - 101.00 MCH (Calc) 30.9 27.00 - 32.00 pg MCHC (Calc) 31.9 gm/dL 31.50 - 34.50 RDW (RBC histogram) 14.30 % 11.00 - 16.00 TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry) **Total WBC Count** 7150 /µL 4000.00 - 10000.00 %] **EXPECTED VALUES EXPECTED VALUES** [Abs] Neutrophil 66.0 40.00 - 70.00 4719 /µL 2000.00 - 7000.00 Lymphocyte 22.0 20.00 - 40.00 1573 /µL 1000.00 - 3000.00 Eosinophil H 7.0 1.00 - 6.00 501 /µL 20.00 - 500.00 Monocytes 5.0 2.00 - 10.00 358 /µL 200.00 - 1000.00 Basophil 0.0 0.00 - 2.000 /µL 0.00 - 100.00 PLATELET COUNT (Optical) **Platelet Count** 82000 /µL 150000.00 - 410000.00 **Neutrophil to Lymphocyte** 3.00 0.78 - 3.53 Ratio (NLR) SMEAR STUDY **RBC Morphology** Normocytic Normochromic RBCs. **WBC Morphology** Eosinophilia **Platelet** Platelets are adequate in number. **Parasite** Malarial Parasite not seen on smear.

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

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

Dr. Shreya Shah M.D. (Pathologist) Page 2 of 15





Name : RAJNEESHKUMAR SRIVASTAVA Sex/Age : Male / 48 Years

Case ID : 21102200420

Ref.By : HOSPITAL

Dis. At :

Pt. ID : 2396050

Pt. Loc

Reg Date and Time

: 12-Nov-2022 08:58 Sample Type : Whole Blood EDTA

Mobile No :

Ref Id2

Sample Date and Time : 12-Nov-2022 08:58

Bill. Loc. ; Aashka hospital

Report Date and Time : 12-Nov-2022 09:26 Acc. Remarks

Sample Coll. By

· Normal

Ref Id1 : OSP29108

: O22236519

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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: RAJNEESHKUMAR SRIVASTAVA Name

Sex/Age : Male / 48 Years

Case ID : 21102200420

Ref.By : HOSPITAL

Dis. At :

Pt. ID : 2396050

Bill. Loc. ; Aashka hospital

: 12-Nov-2022 08:58 Sample Type

Pt. Loc Mobile No :

Reg Date and Time

: Whole Blood EDTA

Sample Date and Time : 12-Nov-2022 08:58 Report Date and Time : 12-Nov-2022 11:09 Acc. Remarks

Sample Coll. By

: Normal

Ref Id1 : OSP29108 Ref Id2 : O22236519

TEST

RESULTS

UNIT

BIOLOGICAL REF RANGE

REMARKS

HAEMATOLOGY INVESTIGATIONS

ESR

04

mm after 1hr 3 - 15

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 4 of 15





Name : RAJNEESHKUMAR SRIVASTAVA Sex/Age : Male / 48 Years

Case ID : 21102200420

Ref.By : HOSPITAL

Dis. At :

Pt. ID · 2396050

Bill. Loc. : Aashka hospital

Pt. Loc

Reg Date and Time

: 12-Nov-2022 08:58 Sample Type : Whole Blood EDTA

Mobile No :

Sample Date and Time : 12-Nov-2022 08:58

Sample Coll. By ;

Report Date and Time : 12-Nov-2022 09:26 Acc. Remarks

· Normal

Ref Id1 Ref Id2

: OSP29108 : O22236519

TEST

RESULTS

UNIT

BIOLOGICAL REF RANGE

REMARKS

HAEMATOLOGY INVESTIGATIONS

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

ABO Type

Rh Type

POSITIVE

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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Printed On: 12-Nov-2022 12:41

ACCREDITED



: RAJNEESHKUMAR SRIVASTAVA Name

Sex/Age : Male / 48 Years

Case ID : 21102200420

Ref.By : HOSPITAL

Dis. At :

Pt. ID

: 2396050

Bill. Loc. : Aashka hospital

Pt. Loc

Reg Date and Time

: 12-Nov-2022 08:58

: Spot Urine Sample Type

· Normal

Mobile No :

Sample Date and Time : 12-Nov-2022 08:58 Sample Coll. By :

Ref Id1 : OSP29108

Report Date and Time : 12-Nov-2022 10:07

Acc. Remarks

Ref Id2

: O22236519

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

1.025

1.003 - 1.035

pH

5.5

4.6 - 8

Leucocytes (ESTERASE)

Negative

Negative

Protein

Negative

Negative

Glucose

Present (+)

Negative

Ketone Bodies Urine

Negative

Negative

Urobilinogen

Negative

Bilirubin

Negative

Negative

Negative

Blood

Negative

Negative

Nitrite

Negative

Negative

Flowcytometric Examination By Sysmex UF-5000

Leucocyte

Nil

/HPF

Nil

Red Blood Cell

Nil

Epithelial Cell

Present +

/HPF

Nil

/HPF

Present(+)

Bacteria

Nil

Nil

Yeast

Nil

/ul /ul

/LPF

Nil

Cast Crystals

Nil Negative

Nil Negative

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 6 of 15



Name : RAJNEESHKUMAR SRIVASTAVA Sex/Age : Male / 48 Years Case ID : 21102200420

Ref.By : HOSPITAL Dis. At : Pt. ID : 2396050

Bill. Loc. : Aashka hospital Pt. Loc

Reg Date and Time : 12-Nov-2022 08:58 | Sample Type : Spot Urine | Mobile No :

Sample Date and Time : 12-Nov-2022 08:58 Sample Coll. By : Ref Id1 : OSP29108
Report Date and Time : 12-Nov-2022 10:07 Acc. Remarks : Normal Ref Id2 : O22236519

Parameter Unit	Unit	Expected value		Result/Notations			
		Trace	+++	++++			
рН	-	4.6-8.0				. 10 10	
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	10.00
Nitrite(Strip)	—	Negative	-			a descriptions	-
Erythrocytes(Strip)	/micro L	Negative (<5)	10	25	50	150	250
Pus cells (Microscopic)	/hpf	<5	-	-	e - •1	-	-
Red blood cells(Microscopic)	/hpf	<2	<u>-</u>	2	2 <u>0</u> 280	-	-
Cast (Microscopic)	/lpf	<2	-	-	-	-	T -

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 7 of 15





Name

: RAJNEESHKUMAR SRIVASTAVA

Sex/Age : Male / 48 Years

Case ID : 21102200420

Ref.By : HOSPITAL

Dis. At :

Pt. ID

: 2396050

Bill. Loc. ; Aashka hospital

Pt. Loc

Reg Date and Time

: 12-Nov-2022 08:58 Sample Type

: Plasma Fluoride F, Plasma

Mobile No :

Fluoride PP

Sample Date and Time : 12-Nov-2022 08:58 Sample Coll. By :

Ref Id1

: OSP29108

Report Date and Time · 12-Nov-2022 12:30 Acc. Remarks

· Normal

Ref Id2

TEST

RESULTS UNIT **BIOLOGICAL REF RANGE**

· O22236519 REMARKS

BIOCHEMICAL INVESTIGATIONS

Biochemical Investigations by Dimension EXL (Siemens)

Plasma Glucose - F

121.59

mg/dL

70.0 - 100

Plasma Glucose - PP

148.68 Н

mg/dL

70.0 - 140.0

Referance 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)

Page 8 of 15

Printed On: 12-Nov-2022 12:41

ACCREDITED'



Name

: RAJNEESHKUMAR SRIVASTAVA

Sex/Age : Male / 48 Years

Case ID

21102200420

Ref.By : HOSPITAL

Dis. At :

Pt. ID

: 2396050

Bill. Loc. ; Aashka hospital

Pt. Loc

Reg Date and Time

: 12-Nov-2022 08:58 Sample Type

: Serum

· Normal

Mobile No ·

Report Date and Time : 12-Nov-2022 11:42 Acc. Remarks

Sample Date and Time : 12-Nov-2022 08:58 Sample Coll. By :

Ref Id1 Ref Id2

: OSP29108 : O22236519

TEST

RESULTS

UNIT

BIOLOGICAL REF RANGE

REMARKS

BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol		199.86	mg/dL	110 - 200
HDL Cholesterol	L	47.93	mg/dL	48 - 77
Triglyceride		188.65	mg/dL	40 - 200
VLDL Calculated		37.73	mg/dL	10 - 40
Chol/HDL Calculated	Н	4.17		0 - 4.1
LDL Cholesterol	Н	114.20	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 interpreation 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)

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Printed On: 12-Nov-2022 12:41

ACCREDITED



Name

: RAJNEESHKUMAR SRIVASTAVA

Sex/Age : Male / 48 Years

Case ID : 21102200420

Ref.By : HOSPITAL

Pt. ID

: 2396050

Dis. At :

Pt. Loc

Reg Date and Time

Bill. Loc. : Aashka hospital

: 12-Nov-2022 08:58 Sample Type

: Serum

Mobile No :

Sample Date and Time : 12-Nov-2022 08:58 Sample Coll. By :

Ref Id1 : OSP29108

Report Date and Time : 12-Nov-2022 11:43 Acc. Remarks

· Normal

Ref Id2

: O22236519

TEST

RESULTS

UNIT

BIOLOGICAL REF RANGE

REMARKS

BIOCHEMICAL INVESTIGATIONS

Liver Function Test

S.G.P.T.		23.91	U/L	0 - 41
S.G.O.T.		26.63	U/L	15 - 37
Alkaline Phosphatase		90.87	U/L	40 - 130
Gamma Glutamyl Transferase		15.05	U/L	8 - 61
Proteins (Total)		6.84	gm/dL	6.4 - 8.2
Albumin		4.98	gm/dL	3.4 - 5
Globulin Calculated	L	1.86	gm/dL	2 - 4.1
A/G Ratio Calculated	Н	2.7		1.0 - 2.1
Bilirubin Total		0.40	mg/dL	0.2 - 1.0
Bilirubin Conjugated		0.15	mg/dL	
Bilirubin Unconjugated Calculated		0.25	mg/dL	0 - 0.8

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 10 of 15





7000	LABORATORY REPORT				
Name : RAJNEESHKUMAF Ref.By : HOSPITAL Bill. Loc. : Aashka hospital	SRIVASTAVA	Sex/Age Dis. At		Case ID : 21102200420 Pt. ID : 2396050 Pt. Loc :	
Reg Date and Time : 12-No Sample Date and Time : 12-No Report Date and Time : 12-No		l. By ;		Mobile No : Ref Id1 : OSP29108 Ref Id2 : O22236519	
TEST	RESULTS BIOCHEMICA	UNIT	BIOLOGICAL REF	RANGE REMARKS	
BUN (Blood Urea Nitrogen)	10.09	mg/dL	6.00 - 20.00		
Creatinine Jric Acid	0.77 4.83	mg/dL mg/dL	0.50 - 1.50 3.5 - 7.2		

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 11 of 15





Name

: RAJNEESHKUMAR SRIVASTAVA

Sex/Age : Male / 48 Years

Case ID : 21102200420

Ref.By : HOSPITAL

Dis. At :

Pt. ID

: 2396050

Bill. Loc. : Aashka hospital

· Normal

Pt. Loc

Reg Date and Time

: 12-Nov-2022 08:58 | Sample Type

: Whole Blood EDTA

Mobile No ·

Sample Date and Time : 12-Nov-2022 08:58

Sample Coll. By :

Report Date and Time : 12-Nov-2022 09:52 Acc. Remarks

Ref Id1 Ref Id2

: OSP29108 : O22236519

TEST

RESULTS

UNIT

BIOLOGICAL REF RANGE

REMARKS

BIOCHEMICAL INVESTIGATIONS

Glycated Haemoglobin Estimation

HbA1C

5.13

% of total Hb <5.7: Normal

5.7-6.4: Prediabetes >=6.5: Diabetes

Estimated Avg Glucose (3 Mths)

100.53

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)

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

Dr. Shreya Shah M.D. (Pathologist)

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Printed On: 12-Nov-2022 12:41

ACCREDITED



: RAJNEESHKUMAR SRIVASTAVA Name

Sex/Age: Male / 48 Years

Case ID 21102200420

Ref.By : HOSPITAL

Dis. At :

Pt. ID : 2396050

Bill. Loc. : Aashka hospital

Pt. Loc

Reg Date and Time

: 12-Nov-2022 08:58 Sample Type

; Serum

Mobile No :

Sample Date and Time : 12-Nov-2022 08:58

Ref Id1 : OSP29108

Sample Coll. By Report Date and Time : 12-Nov-2022 10:09 | Acc. Remarks

Normal

Ref Id2 : 022236519

TEST

RESULTS

UNIT

BIOLOGICAL REF RANGE

TEST REMARK

Thyroid Function Test

Triiodothyronine (T3)	82.54	ng/dL	70 - 204
Thyroxine (T4)	6.2	ng/dL	4.6 - 10.5
TSH CMIA	3.498	μIU/mL	0.4 - 4.2

Interpretation Note:

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 ahormalities 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 swert 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 friodothyronine (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 hypothyroid 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

Normal ranges of TSH & thyroid hormons vary according trimesper in pregnancy.

TSH ref range in Pregnacy

First triemester

Second triemester

0.24 - 2.00
0.43 - 2.2

Third triemester

0.8 - 2.5

	T3	T4	TSH
Normal Thyroid function	N	· N	N -
Primary Hyperthyroidism	↑		1
Secondary Hyperthyroidism	^	*	· · · · · · · · · · · · · · · · · · ·
Grave's Thyroiditis	^		от при при на при при на п На при на пр
T3 Thyrotoxicosis	1	N	N/J
Primary Hypothyroidism	1	J	A
Secondary Hypothyroidism	Ţ	<u> </u>	1.
Subclinical Hypothyroidism	N	N	*
Patient on treatment	N	N/A	1

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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Name

: RAJNEESHKUMAR SRIVASTAVA

Sex/Age : Male / 48 Years

Case ID : 21102200420

Ref.By : HOSPITAL

Dis. At :

Pt. ID

: 2396050

Bill. Loc. ; Aashka hospital

Normal

Pt. Loc

Reg Date and Time

: 12-Nov-2022 08:58 Sample Type

: Serum

Mobile No :

Sample Date and Time : 12-Nov-2022 08:58

Sample Coll. By :

Ref Id1 Ref Id2

: OSP29108

Report Date and Time : 12-Nov-2022 10:09 | Acc. Remarks

TEST

RESULTS

UNIT

BIOLOGICAL REF RANGE

: 022236519

BIOCHEMICAL INVESTIGATIONS

REMARKS

Prostate Specific Antigen

0.4880

ng/mL

0.00 - 4.00

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

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

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 adviced 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. Tumor marker results obtained can vary due to differences in assay methods and reagent specificity. Patient results determined by assays using different manufacturers for methods may not be comparable.

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

..... Free PSA % to total PSA fr Probability of malignancy

0-10% 56%.

10-15% 28%

15-20% 20%

20-25% 16%

>25% 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)

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

Dr. Shreya Shah M.D. (Pathologist)

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Printed On: 12-Nov-2022 12:41

COLLEGE of AMERICAN PATHOLOGISTS



LABORATORY		
Name : RAJNEESHKUMAR SRIVASTAVA	Sex/Age : Male / 48 Years	Case ID : 21102200420
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2396050
Bill. Loc. ; Aashka hospital		Pt. Loc :
Reg Date and Time : 12-Nov-2022 08:58 Sample Type	; Serum	Mobile No :
Sample Date and Time :12-Nov-2022 08:58 Sample Coll. By		Ref ld1 : OSP29108
Report Date and Time : 12-Nov-2022 10:09 Acc. Remarks	Normal	Ref ld2 : 022236519

For test performed on specimens received or collected from non-NSRL locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender. NSRL will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.

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

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

Dr. Shreya Shah M.D. (Pathologist) Page 15 of 15



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

UHID:	Date: 2 11 c	7 Time:
Patient Name:	Rajneeshkuma Sein	Age /Sex: 2 / 11 / 2 e / 11 / 2
History:		Ç
P	Taletu.	
Examination:	Salfor +1 Callula +1 Enumer fru 65	
	Example from 65	
F		
Diagnosis:		

Treatment:

Scaling Rost 65/

De Um.

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www.aashkahospitals.in CIN: L85110GJ2012PLC072647



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

UHID:		Date: 12/11/12	Time: 1:10
Patient Name:	Ratneesh Kumus.	Age / Heigl Weig	l l
History:	Compay Heath	chewol	
	** **		
Allergy History	:		
Nutritional Scr	eening: Well-Nourished / Maln	ourished / Obese	
Examination:			
	NN 6 +		
	N 6 A		
	Colous Vision -	Nosmal	
Diagnosis:		·	

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Emergency No.: +91-7575007707 / 9879752777

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PATIENT NAME:RAJNEESHKUMAR SRIVASTAVA

GENDER/AGE:Male / 48 Years

DOCTOR:

OPDNO:OSP29108

DATE:12/11/22

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. SNEHALPRAJAPATI

CONSULTANT RADIOLOGIST

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Emergency-No.: +91-7575007707 / 9879752777

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PATIENT NAME:RAJNEESHKUMAR SRIVASTAVA

GENDER/AGE:Male / 48 Years

DOCTOR:

OPDNO:OSP29108

DATE:12/11/22

SONOGRAPHY OF ABDOMEN AND PELVIS

LIVER: Liver appears normal in size and shows increased parenchymal echoes suggest fatty changes. 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 10.4 x 4.1 cms in size. Left kidney measures about 10.0 x 4.2 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 96 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 16 cc.

COMMENT: Grade I fatty changes in liver.

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

DR. SNEHAL PRAJAPATI CONSULTANT RADIOLOGIST

AHL/GNR/MR/52/ 1of 1



ADDRESSOGRAPH

COLOUR DOPPLER ECHOCARDIOGRAPH REPORT

				GR
Patient's Name : Royn	ush ?	Shourastan Age:	48 A Sex :	M Nabio
Ref. by Doctor :	Hasit	Joshi IP/OP No.:	Date:	COLOUR DOPPLER ECHOCARDIOGR
MITRAL VALVE	:) 6	2		ER EC
AORTIC VALVE	:)			JAPO
FRICUSPID VALVE	: 10)		JR D
PULMONARY VALVE	:10) DLOU
AORTA	: 33			ၓ
LEFT ATRIUM	: 35			22
LV Dd/ Ds	: 45			
IVS / LVPW / D	:10			
IVS	-3			
IAS	. in	tact	EF:58%	
RA	7			
PV	: 0			
PA	الله			
PERICARDIUM	÷-(n)			
VEL	:	PEAK	MEAN	
M/S	•	Gradient mm Hg	Gradient mm Hg	
MITRAL	: 1.1	0.7		
AORTIC	:1.4			
PULMONARY	: 10			
COLOUR DOPPLER	: Mi	Id MR, NO AR	Mild TR \ Ad	uise - TMT
RSVP	: 26			
CONCILISION				

Mild MR, Mild TR
NO PAH
Normal LV size, sycholic function

, Rajanishkumar Ε GE MAC2000 QRS: QT / QTcBaz: PR: P: RR / PP: P / QRS / T: Technician:
Ordering Ph:
Referring Ph:
Attending Ph: 707 Contrast 11 92 ms 742 / 740 ms 72 / -37 / 26 degrees 82 ms 358 / 415 ms 226 166 05 12SL™ v241 152 ms 12.11.2022 10:53:42 AM AASHKA HOSPITAL LTD. SARGASAN GANDHINAGAR Normal sinus rhythm with sinus arrhythmia Left axis deviation Abnormal ECG 25 mm/s 10 mm/mV ADS Location: 1
Order Number:
Indication: Medication 1: Medication 2: Medication 3: 0.56-20 Hz 50 Hz € 0459 LOT D 942# Room: Unconfirmed 4x2.5x3_25_R1 **81** bpm -- / -- mmHg 1/1